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Keele University

Explicating and supporting the needs of  
student nurses during practice  
placements: a flexible and transferable  
model developed through action research

Kerry Jones



Thesis submitted for the award of Doctor of Philosophy  
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## Declaration

SUBMISSION OF THESIS FOR A RESEARCH DEGREE

Part I. DECLARATION by the candidate for a research degree. To be bound in the thesis

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- (b) My research has been conducted ethically. Where relevant a letter from the approving body confirming that ethical approval has been given has been bound in the thesis as an Annex
- (c) The data and results presented are the genuine data and results actually obtained by me during the conduct of the research
- (d) Where I have drawn on the work, ideas and results of others this has been appropriately acknowledged in the thesis
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## Abstract

This study was designed to identify and address the support needs of pre-registration nursing students during practice placements in the West Midlands region. The study used an action research approach to define student needs and develop a flexible tool for modelling integrated placement support.

To identify student needs, a two-round Delphi technique was used. The Delphi panel was recruited from a range of national and local stakeholders (n= 21). Round 1 used an open-ended, seven-item questionnaire to generate a range of perspectives. The round 1 response rate was 100%. Data were analysed using content analysis, resulting in the development of 46 key needs statements. The needs statements were presented back to the panel in a 46-item Likert questionnaire seeking their level of agreement, or disagreement, with each statement. The round 2 response rate was 76.2%. Round 2 generated a consensus definition of student needs across four domains: student centred; knowledge centred; assessment centred and quality centred. Consensus was not achieved in relation to 'who' had responsibility for supporting these needs.

Using soft systems conventions, an 'ideal model' of support was conceptualised. To address the lack of agreement on the 'who' questions, the conceptual model was used to design a flexible modelling framework and tool. This enabled local stakeholders to develop and implement an enhanced, integrated model of support with clear roles and responsibilities.

The tool was piloted successfully, using a modified consensus conference approach, in two localities. The transferability of the tool was validated at a national stakeholder workshop using electronic, anonymous voting handsets.

The study provides new insights into the needs of student nurses during practice placements and has generated a unique modelling tool that enables stakeholders to address these needs. The findings are relevant for policy-makers, commissioners of pre-registration nurse education, HEIs and health service provider organisations.

*Keywords: Student nurses. Practice placements. Support.*

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## Abbreviations

DH	Department of Health
ENB	English National Board
HCA	Healthcare Assistant
HEI	Higher Education Institution
MKO	More Knowledgeable Other
NHS	National Health Service
NMC	Nursing and Midwifery Council
PK2	Project 2000
PPSN	Practice Placement Support Nurse
QAA	Quality Assurance Agency
RCN	Royal College of Nursing
RN	Registered Nurse
SHA	Strategic Health Authority
SSM	Soft Systems Methodology
UK	United Kingdom
US	United States
WDC	Workforce Development Confederation

## Study overview

### Introduction

This introductory chapter is intended to provide the reader with an overview of this complex action research project in relation to: its fit within the extant body of theoretical and practical knowledge; the research frameworks, design and approach used; and an exploration of my role in the research, particularly the insider-outsider dimensions of conducting action research. This chapter is not intended to provide a detailed description and analysis of the study design and methods, as these are presented in the body of this thesis. It is primarily to provide the reader with a high-level, narrative map of the context, concepts and analytical approaches adopted, to provide a point of reference for the reader and to enable them to remain oriented to the research as they navigate it.

### Presentation of the Thesis

Using action research this study set out to develop a new and enhanced model of support for student nurses during their clinical practice placements in acute hospitals, to support their progression to be fit for practice and fit for purpose on completion of their pre-registration programme. Action research can broadly be described as:

*A participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in [a] participatory worldview. It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities. (Reason, Bradbury 2006, p. 1)*

Action research is a dynamic, cyclical and evolving research process. It does not fit easily into a format or writing process that is prescriptive and linear. As such, writing and presenting such work in a traditional format has proved problematic for those undertaking research within this paradigm (Dick 1993, Davis 2004). Such difficulties are reflected in my own experience. Whilst I recognised that the thesis had to be presented in a systematic and defensible manner, during the drafting process a problem emerged. The traditional format for presenting the thesis conflicted with the cyclical approach adopted to achieve methodological rigour.

Within this cyclical research approach, each individual cycle involved data collection, interpretation and a literature review, often working with two or more sources of information. The literature review was not a separate process from data analysis and interpretation, because particular lines of literature inquiry were considered in response to questions that emerged from the analysis (Dick 1993). It is recognised that in action research the movement between phases is iterative and difficult to present clearly in written reports (Waterman, De Koning 2001). As such, this thesis aims to mirror the reflexive nature of action research in that understanding developed from both literature and practice informed the project actions (Davis 2004). Davis (Davis 2004) supports Lincoln's view that the portrayal of action research paradigms should:

*Create compelling narratives that provide outsiders with a vicarious experience of the community and provide insiders with both a deeper understanding of themselves and the power to act. (Lincoln 1997, p. 23)*



In attempting to present this thesis in the traditional linear format of introduction; literature review; methodology; findings; and discussion and conclusions, this logical narrative became confused. Equally, it was considered that in attempting to reconstruct the cyclical process into a more linear format the rigour secured through using cyclical and dialectical processes was less clear to the reader. In view of this, an alternative format was considered and adopted.

Burns (Burns 2000) suggests that the model of explanation in action research case study is naturalistic rather than formalistic, that is relationships are 'illuminated' by concrete description rather than by formal statements of causal laws and statistical correlations. This said, it was important to demonstrate that rigour has been achieved through methodological design and application of appropriate tools and techniques during the action research process. To ensure rigour and validity this study has utilised an adapted Checkland's soft systems framework for action research (Dick 1993). In this approach Checkland's soft systems methodology is represented as a system of inquiry using a series of dialectics. Dialectics require working with multiple information sources, preferably independent or partly independent. The similarities and differences between data sources can then be used to increase the accuracy of information. Building a process around dialectic leads to economy in both conduct and reporting of action research but at the same time it increases rigour. To describe this process adequately requires an interrelated assembly of narrative, critical commentary, literature review and data analysis and interpretation (Dick 1993).

The presentation of this thesis has been formatted to provide the reader with a logical report enabling a vicarious insight into the project, as well as provide a clear demonstration of how rigour and validity have been achieved in generating new knowledge through the adoption of cyclical and

dialectical processes. As such, the chapters will reflect defined phases in the methodological framework, with chapters 3, 4 and 5 being structured around the dialectical phases that generated the thesis's contribution to knowledge. These chapters contain findings from the data, existing literature and critical commentary in an integrated and iterative format. It is hoped that by using this approach the reader will be able to, more readily, assimilate and evaluate this work.

I have written this thesis in the first person in recognition of my 'insider' role in this research. Jane Gigun presents a compelling case for the use of first person writing in qualitative research, claiming:

*Omitting the voices of authors and informants perpetuates a form of silencing, which could not be further from the emancipatory spirit of constructivism.* (Gilgun 2005, p. 256)

When writing action research, McNiff and Whitehead (McNiff, Whitehead 2010) highlight that the researcher is offering an account of how their learning has, or has not, influenced the social situation. This highlights the researcher's role as an integral part of the community being studied. As such, I considered providing a first person account of the interrelationship between the researcher, the research and the community an important element of this thesis. A fuller exploration of this interrelationship is provided later in this chapter on page 26.

## Context of the study

This study is situated within context of pre-registration nursing clinical education within the United Kingdom, which takes place during clinical practice placements within acute hospital settings. As action research is context specific, its primary purpose is not immediately concerned with adding more truth to the body of knowledge that appears in the literature. The action researcher is interested in the improvement of the practices in which they are engaged (Burns 2000). In this context action research produces different types of knowledge, including practical and propositional and as described by Waterman and De Koning:

*Theory may be generated and refined, and its general application explored through the cycles of the action research process.* (Waterman, De Koning 2001, p. 11)

This action research study reflects this in that it produced both theoretical and practical knowledge as applied to enhancing the quality of student nurse support during the practice placement within a specific context. Whilst the primary aim of the study was to add insight and understanding to the current knowledge economy for pre-registration nurse education, the reader will observe that in relation to praxis, personal professional knowledge was also generated aligned to managing change within a complex multi-stakeholder environment. This said, whilst the outcomes of the research could be situated within multiple knowledge domains, its origins and outputs are firmly rooted in supporting the delivery of high quality practice placements. It is important to note that in situating this study within the existing body of knowledge this will relate to both the theoretical and

practical context of the unique ‘problematical’ situation that was the focus of change (Checkland, 1981).

### **The study origins: unresolved conflicts in the field**

This thesis is framed in time between 2007-2012. Leading up to the start of this work there had been a range of policy changes in relation to how nurses in the United Kingdom were educated. The most significant of these being in 1986 when the responsibility for nursing education was transferred from traditional hospital-based schools to nursing to Higher Education Institutions (HEI’s), through a policy known as *Project 2000* (PK2) (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1986). The new programmes had a more academic focus and students became supernumerary and, as such, were no longer part of the workforce employed by the NHS. There were growing concerns by the end of the 1990’s that PK2 curricula were too focussed on theory with not enough time being spent undertaking clinical learning in the practice placement environment, with a growing perception that some newly qualified nurses lacked the competence and confidence to practice (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999). In 1999 a review of nurse education was undertaken and a report named *Fitness for Practice* (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999) was produced. This required nursing curricula to be practice focused and responsibility for the education of nurses to be jointly shared by NHS Trusts and HEIs in order to develop nurses who would be fit for practice, purpose and the award at the end of the programme. This resulted in a requirement for students to have longer, high quality practice placements in a supportive environment. At the same time the implementation of the NHS plan (Department of Health 2000) saw a significant increase in student numbers and, in particular, an

increase in non-traditional students entering nursing programmes through a widening participation strategy.

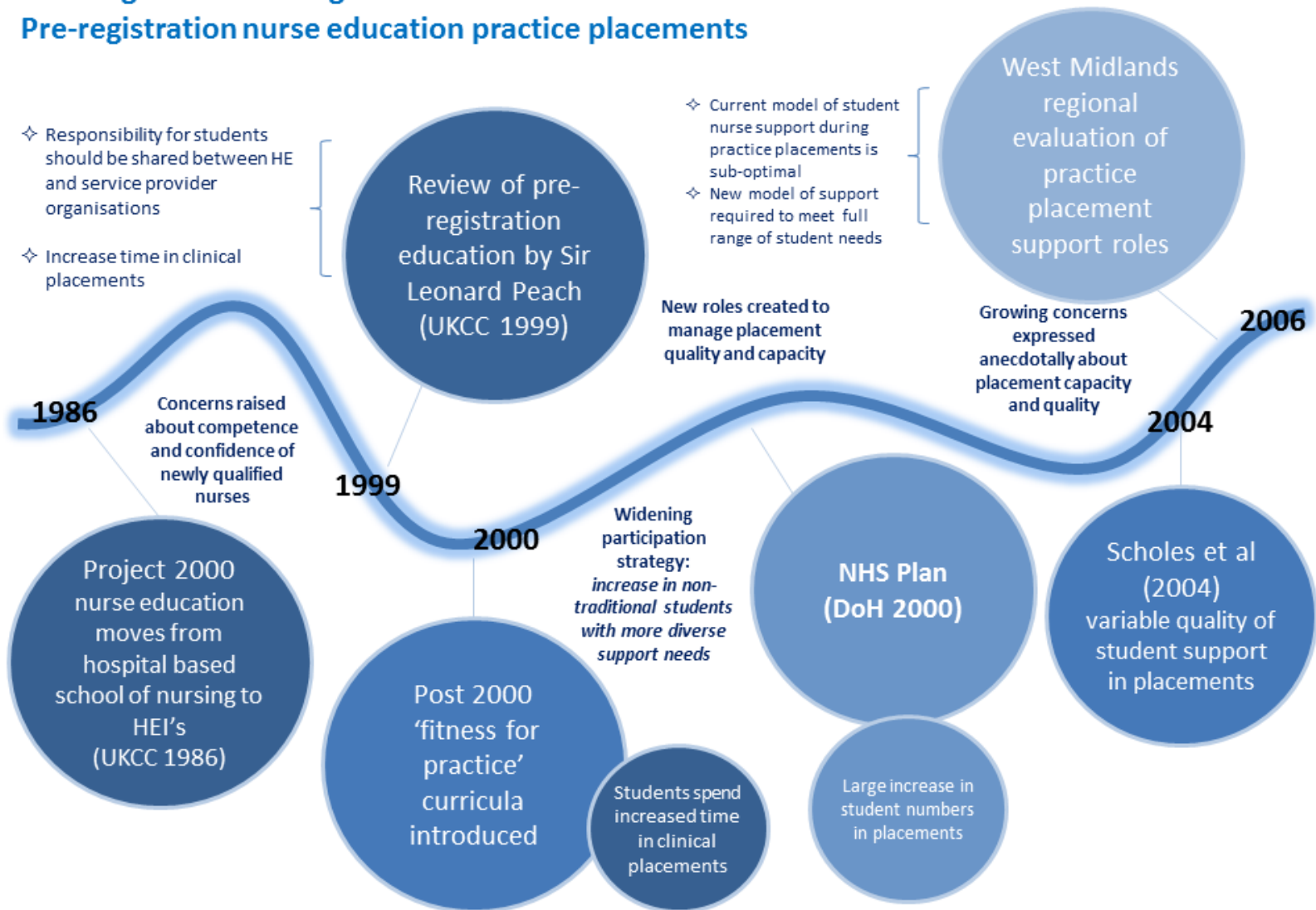
Between 2000 and 2004 much work was progressed to support and enhance the quality of the practice placement experience (Walsh, Jones 2005). However, in a large scale review of national post 2000 pre-registration nursing curricula, it was concluded that whilst the theoretical curriculum was largely fit for purpose, there remained a deficit in relation to consistent high quality student support during practice placements (Scholes, Freeman et al. 2004). At this time I had responsibility for quality monitoring and assurance of pre-registration nursing programmes that had been commissioned by Birmingham and Black Country Strategic Health Authority. As part of this work I led an evaluation of practice placement support roles. This evaluation was consistent with the national review in that the practice placement support structures, whilst improved, were still not delivering consistently high quality practice placement support (Jones 2006). The historical context of this study is explored fully in chapter 1; however, the chronology on page 21 provides a summary of the context of the study leading up to its initiation. This should be read as a timeline.

In order to deliver quality enhancement, it became necessary to explore how high quality placement support could be provided. My strategic aim was to develop and pilot a more effective model of support for student nurses during practice placements, specifically within acute hospital settings in the Black County locality of the West Midlands. Put simply, my objectives for this work were to: clearly identify what the needs of student nurses were during practice placements; gain an understanding of how these needs were currently being supported; and to explore and identify a new model or approach that would support student nurse progression and achievement as a newly

qualified practitioner. Through this work I hoped to gain insights into unresolved conflicts in the field of pre-registration nursing education and contribute new understanding and pragmatic knowledge related to supporting effective practice placements.

This action research, in meeting its aim, adds to the existing body of literature relating to pre-registration nursing education practice placements through: developing a primary theoretical model for improvement, highlighting the relationship between models of support and students' social integration within the community of practice (a definition of how communities of practice have been applied to this work is described on page 22); defining consensus on the needs of student nurses during practice placements; and developing a pragmatic modelling framework and tool that enables stakeholders to develop an integrated model of support for students during practice placements, addressing identified needs within their available resources.

## Creating new knowledge in the field timeline: Pre-registration nurse education practice placements



## Overview of thesis structure and key theoretical frameworks

As previously described, Chapter 1 of this thesis presents a more detailed review of the study context, the rationale for the work and how the study aim and objectives emerged. The second half of chapter 1 explores how the theoretical pedagogical framework for the work was selected. The concept of communities of practice (Lave, Wenger 1991), and Wenger's associated social theory of learning (Wenger, 1998), were selected as a conceptual space within which a new model of support could be investigated and structured. It was never the intention of this study to add new knowledge to the literature on communities of practice per se, but to build on the body of knowledge related to pre-registration nursing practice placements using communities of practice as a configuration for learning. In this context its characteristics were used as framework for exploring how effective support could be provided.

Chapter 2 outlines the study design and methods in detail. As previously outlined, the study was conducted within the action research paradigm using an adapted Checkland's soft systems approach (Dick 1993). This framework uses a cyclical and dialectical process to structure thinking and develop actions to improve a 'problematical' situation (Checkland, Poulter 2006). As described by Checkland, soft systems methodology (SSM) is flexible because it needs to be able to adapt to meet each unique situation. In this context Checkland highlights that any approach to problematical human situations has to be a methodology rather than method or technique. He describes SSM as a set of guiding principles that can be adapted to for use in each unique situation (Checkland, Poulter 2006). This chapter describes in full how an adapted soft systems methodology (Dick 1993) was applied to this work. The interrelationship between Checkland's seven-stage process and Dick's adapted framework is fully explored. Dick (Dick 1993) represents Checkland's (Checkland 1981, Checkland, Scholes 1990)



soft systems methodology as a system of inquiry using a series of dialectics (as described on page 15). Chapters 3, 4 and 5 follow the journey of the research through these dialectical phases.

Chapter 3 explores the first two dialectics. A two-phase Delphi technique was used in order to provide a rich picture of the reality of existing student support during practice placements and distil a consensus definition of student support needs. Systems conventions were then used to describe the system that would enable transformation to take place and a high-level conceptual model was developed defining the activities required to carry out the system transformation. The conceptual model of system transformation was then used to conceptualise a new 'ideal' model of support for student nurses during practice placements.

In line with Dick's (1993) framework, chapter 4 describes how the 'ideal' model of support was compared to the existing model of support, using Wenger's social theory of learning (Wenger 1998) as a framework for comparison, in order that effective support within the community of practice could be explored across all component parts. Chapter 4 provides insight into this comparison drawing on evidence obtained from the Delphi, as well as existing literature, and explores how this comparison identified important additions to the new 'ideal' model, including giving rise to a primary theoretical model for improvement.

It became clear through the course of this work that developing a 'one size fits all' model of support would be impossible due to local variation in the resources available to support pre-registration nursing programmes. As such, chapter 5 describes how I developed the conceptualised model into a

modelling framework and tool to enable HEI and placement provider stakeholders to map available resources, or roles, to the student needs identified through the Delphi, creating a fully integrated model of support. Chapter 5 describes how the modelling framework and tool were piloted successfully in two localities, using a modified consensus conference approach to achieve agreement amongst stakeholders in relation to roles and responsibilities within the new model. Finally, this chapter outlines how, to assess the validity of the modelling framework and tool, the findings of the study were presented to a convenience sample of stakeholders at a national nursing education conference, using anonymous voting handsets to assess their agreement or disagreement with the study findings.

Chapter 6 concludes the thesis by: summarising the new knowledge it has generated; highlighting the study's limitations; and providing a reflective critique of the work, where I highlight my personal learning and development whilst undertaking action research as both a manager and researcher.

### **The author: a personal introspective into my role in this research**

In the action research paradigm, it is important to consider the role of the researcher. Unlike other research approaches, in action research participants, at varying levels, are co-researchers. The researcher participates on equal terms with participants, providing the group with suitable methods, instruments and critical interpretations of the data (Burns 2000). Bowling (Bowling 1997) states that the researcher should be honest about the perspective that they are approaching the study from, and Whitehead and McNiff (Whitehead, McNiff 2006) highlight the influence that personal values have on the approach taken by the researcher. In order to ensure that the reader can fully evaluate that such

values have been declared and managed within the research process, I provide here an introspective on my background, professional values frame and my position across the insider-outsider continuum during the research.

After qualifying as a registered nurse and midwife in the early 1980s, I spent the next two decades working as a midwife in hospital, community and education settings. After a short period spent travelling, I returned to work in a role as a practice placement coordinator, managing the quality and capacity of student practice placements within a large acute hospital. For me this was a reintroduction to nurse education, because during the 1980s and 1990s my focus had been on midwifery education. It was a valuable experience as I could see the impact the project 2000 (P2K) curriculum had had on the development of student nurses. During my first week in this role, I was scoping the ward areas meeting staff and students. I asked a third year student about her experiences to date when it came to light that she had never given an intramuscular injection. This came as quite a surprise to me, because in midwifery education students were competent to give an injection by the end of the first year. I witnessed similar issues across a range of clinical competencies. Such concerns had been recognised nationally and, as previously highlighted, the Peach Report (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999) recommended that the amount of time students spent in clinical practice placements should be increased. I have always been passionate about educating the next generation of practitioners, driven by my desire to deliver safe, caring and quality care to patients and their families. I was therefore keen to enhance the placement experience of student nurses so that they would be fit to practise and fit for purpose in their roles as registered nurses.

During the following decade, I moved into education management, working in higher education and NHS service provider settings. I eventually became quality manager for education at the regional Strategic Health Authority (SHA) and became a reviewer for the Quality Assurance Agency for Higher Education, acting as a panel member during the national review of healthcare programmes. This exposure provided me with a broad experience of quality assurance and, in particular, let me see the national picture of student support during placements. It was during this time that I was asked to conduct an evaluation into roles that support student practice placements across the region, which ultimately led to this current project being initiated. Subsequently, I moved into healthcare policy and research, which provided me with a political and policy dimension to my world view.

At the time of writing, I work as Faculty Dean of a multiprofessional Faculty of Education in one of the largest NHS Trusts in the country. This has increased my drive to model effective learning environments that result in the delivery of safe, caring and efficient services. As previously mentioned, I am professionally driven by the desire to deliver the highest quality compassionate care for patients and their families; this value underpins my sense of professional social purpose. Professionally, I recognise this is dependent upon developing a high quality workforce and, as such, this is my professional motivation. I considered myself very much part of the community being studied because I was working collaboratively with stakeholders to secure ongoing enhancement of the student experience and pre-registration programme outcomes. At the same time, my leadership and management practice recognises the importance of engagement during any change management process. Finally, I have a strong belief in praxis and value it greatly. I recognise from this introspective that my value and belief system were possibly influential in my approach to this study.

My work roles have provided me with real-world experience across both education and National Health Service (NHS) provision. They have also enabled me to have an appreciation of the challenges faced by the range of stakeholders in the study. I believe that because I have had experience at an operational, strategic and policy level I have had a multidimensional or 'helicopter view' of the context of this study. This said, having worked in a variety of roles that support the commissioning and delivery of pre-registration nurse education, I recognised at the outset that I was approaching this project as an 'insider' in relation to the community being studied. The following section will explore how I balanced my insider role and understanding with the need to secure analytical distance and rigor throughout the research process.

There is much debate and exploration in the literature in relation to the insider versus outsider position of the researcher when undertaking research (Rabe 2003, Breen 2007, Chavez 2008, Dwyer-Corbin, Buckle 2009). Insider research reflects the position of researchers who undertake research with groups to which they belong, or share an identity with (Dwyer-Corbin, Buckle 2009). From the positivist perspective, the outsider position is often considered optimal for its 'objective' analysis and interpretation of the field, holding that 'insiders', because of their knowledge and experience of the field, would be more prone to hold a biased position that impacts on their approach to observe and interpret (Chavez 2008). However, being an insider to the community is considered by some social researchers to have the particular advantages, especially in relation to having a greater understanding of the context and culture of the community being studied (Breen 2007). Waterman et al. (Waterman, De Koning 2001) provide a useful analysis of the perceived positive and negative aspects of insider and outsider research in their systematic review of action research studies. They highlight that the positive aspects of insider research include the improved understanding the researcher has

of the context and issues faced by the community. Equally the insider researchers, in the studies reviewed, experienced more credibility with the study participants. Having an insider understanding and position enabled identified barriers to change to be challenged. There was generally increased commitment to the study by insider researchers and the projects delivered more sustained change. Conversely, the perceived negative aspects of the insider position were significant. Such aspects included: familiarity with the context clouded new understanding; delays may have been caused through conflicting commitments; participants disclosed information reluctantly; participants feeling vulnerable if the researcher was felt to have outside approval; and threats could be experienced from certain alliances. Similarly Waterman et al. identified positive and negative aspects related to the outside researcher role. The outsider generated fresh perspectives as well as empowering participants. However, outsiders did experience challenges in understanding the study context and had to invest much time in understanding the background and situation, as well as to establish credibility amongst participants. Unlike the insider researcher the outsider was considered to lack concern for the project outcomes in the longer term. Similar pros and cons for both the insider and outsider position of the researcher have been highlighted by others when exploring the insider-outsider debate (Corbin-Dwyer, Buckle 2009, Breen 2007). This said, it is now recognised that researchers often situate themselves at various points along this continuum during the course of a project, navigating 'the space between' the insider-outsider polarities (Corbin-Dwyer, Buckle 2009). Indeed this has been my own experience. Balancing the benefits of my insider understanding with the need for analytical distance was a constant tension that I had to address.

As described, my historical roles working in both health service provider and Higher Education roles meant that at a macro level I was positioned very much as an insider in relation to the system and

community that was being studied. However, within this community there are many sub-cultures or organisational and occupational 'tribes'. The key participants in this study were students, higher education institution staff, NHS service provider staff, education commissioners, policy-makers and professional regulators and bodies. All of these groups can be considered in terms of being a sub-culture within the community being studied. Whilst conducting this study I was working on behalf of the education commissioner and it is in the context of this role that I now explore how my insider-outsider position fluctuated and how this was managed through the course of the work, making the most for the advantages both positions had to offer.

When this study was initiated working for the education commissioner as Quality Manager for education had the advantage of positioning me at the centre of the community being studied. This role meant I had established relationships regionally with both higher education and service provider organisations and staff and also provided me with a national network of contacts within other stakeholder organisations. This proved a great advantage in that it enabled me to engage the full range of stakeholders in the project. Having an understanding of the occupational context, and indeed having shared similar lived experiences as many of these post-holders, provided the advantage of 'kinship' in relation to establishing an early trusting relationship and continued participation. However, I recognised that my own lived experiences, perceptions and views had the potential to inhibit my openness to new perspectives and could unduly influence my analytical approach through the potential to impose my views on participants. I have managed this by using, where possible, dialectical and consensus processes. Using the Delphi technique enabled me to apply consensus approaches to data collection and analysis. For the analysis of the Delphi I managed the

potential for analytical bias by using a second independent researcher to validate my analysis and findings.

For the second phase of the study, which used an adapted consensus conference approach, my insider-outsider position became the source of much reflection. This meeting was designed to enable stakeholders to use the newly developed modelling tool to map student needs to roles within the HEI or NHS service provider organisation to deliver a fully integrated model of support. This meeting had the potential to be challenging in terms of the level of debate and conflicting opinions held by those in each organisational group. It was my role as an insider that led me to anticipate such reactions because of my experiences of working across both groups. It was my original intention to include students in this meeting. However, I became concerned that such potential conflict may be stressful for students and, because of this, I made the decision not to include student participants at this meeting. It was my insider understanding that had influenced my decision-making in this instance. By stepping back and reflecting from an outsider perspective I recognised that a student perspective could have added richness and enhanced validity of this process and, as such, this is highlighted as a limitation of the study.

Conversely, during the consensus conference, my position moved again along the continuum from insider to outsider. At the micro-level, working for the commissioner, I was independent of, and not aligned to, either the HEI or the service provider stakeholder group. From this perspective I was an outsider. This enabled me to facilitate the mapping process with some degree of independence. However, I still recognised that my insider understanding at the macro-level had the potential to



unduly influence the debate. As such I designed the mapping process to ensure that it was the participants that distilled consensus rather than myself as the facilitator.

The great advantage of doing this research as an insider has been my in-depth understanding of the history and subject area context. This has however been tempered with constant reflection and deliberate management of the potential impact my insider status could have on the quality of the work. At each stage of the study I have validated the study findings by presenting them back to local stakeholder groups as well as to national stakeholders. Indeed, I have used these groups as social validation groups, using them to test the validity of the findings and to establish their acceptability across the diverse stakeholder community (Whitehead, McNiff 2006). My experience of the insider-outsider polemics concurs with that of other researchers who argue that the researcher's position is far more fluid and is best mediated through reflection, transparency and critical management of our influence on the research process (Corbin-Dwyer, Buckle 2009, Breen 2007, Chavez 2008). I hope that I have shared with the reader my self-awareness in relation to the influence my background and value system could have on the research process. I hope that by sharing this information with the reader they can assess that I have considered this in the conduct of the research and that they are assured of the confirmability of the work.

## Summary

This overview has been provided to support the reader in appraising this thesis by providing a summary of its structure, design, concepts and frameworks. This overview has also situated this work in relation to the field of study and summarised how this study has extended both theoretical and

practical knowledge within this field. Finally, this overview has provided a transparent picture of my role in the research. It is hoped that this high-level overview has created a 'big picture' that will serve as an anchor for the reader as they explore the body of this thesis in more detail.

## **Chapter 1: Introduction**

### **1.1 Chapter overview**

This chapter provides a summary of this project in relation to its context, purpose and outcomes. As described in the introductory chapter, this thesis follows a non-traditional format and, as such, this chapter also provides an outline of the initial literature reviewed when the study was in its planning stage. Finally, the pedagogical theoretical framework used as a platform for the study is defined.

### **1.2 Project outline**

As described in the introductory chapter, this project was initiated in 2007 when I was working in a role in which I had responsibility for the quality monitoring and enhancement of healthcare education across the Birmingham and Black Country SHA region. At this time I had conducted an evaluation into new roles designed to provide support for student nurses during practice placements. This evaluation identified that there was a poor strategic fit in relation to the structures, or roles, that support pre-registration student nurse education during practice placements and, as such, the quality of the student experience and outcomes of the practice placement were variable. This study was subsequently commissioned to explore the development of a new model of support that was better aligned to the full range of student needs. Empirically, there was no single description of the full range of student needs during practice placements. It was recognised that in the absence of such a description modelling a robust solution would be difficult. Consequently, defining the support needs of student nurses during practice placements became the first objective of the project. Once defined,

it was planned to use this definition to develop and pilot a new model of placement support for students locally.

The education of student nurses involves multiple stakeholders. Regionally, these stakeholders included the SHA, the staff of the healthcare service provider, the higher education institution's (HEI) staff and the students themselves. The new model of support needed to be acceptable to all these stakeholders and in addition be underpinned by a robust evidence base.

This chapter will explore the broad context of this study, including the outcomes of the foundation work undertaken to develop the initial aim and objectives. Finally, this chapter will explore and define the pedagogical underpinnings that have been used as a conceptual framework for the work.

### **1.3 Historical context**

Pre-registration nurse education within the United Kingdom has to be delivered within a complex, rapidly changing system. Delivery of the curriculum is split, with students spending 50% of their programme hours learning in clinical practice during clinical practice placements. Theoretical components of pre-registration nursing programmes are delivered by HEIs, and the clinical practice components are facilitated and assessed by clinical practitioners within health service provider organisations (Nursing and Midwifery Council 2010). Clinical learning and assessment within the practice placement environment is supervised by a registered nurse who has undertaken specific development for this role and is commonly known as the nurse mentor. Effective theory and clinical practice integration is required to ensure students develop the competence required to be fit to

practise on completion of their programme. Achieving this requires effective symbiotic relationships and strong partnership working between academic and health service provider organisations (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999).

Traditionally, nurses were educated using a hospital-based traditional apprenticeship approach, with State Registered Nurses and State Enrolled Nurses teaching and assessing students during practice placements. The theoretical components of the programme were delivered by nurse tutors who were employed by the hospital within a school of nursing. Teaching and learning were also supported by nursing clinical tutors who worked in both the school of nursing and in the clinical environments, undertaking clinical teaching and supervision of students. The current model of delivery for pre-registration nurse education evolved as a direct result of political and professional strategies implemented to develop nursing into a more academically grounded profession. Arguably one of the most influential developments in this area was the implementation of Project 2000 (PK2), (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1986). PK2 heralded a significant policy change, resulting in pre-registration nurse education moving from traditional schools of nursing, which were housed within acute hospitals and delivered non-academically accredited programmes, into HEIs, where the programmes had a more academic base.

This change reflected growing concerns surrounding the impact that being part of the workforce was having on the level and quality of education provided for students. At the same time, it was recognised that nurses of the future would need to be flexible and able to lead and adapt their practice within a rapidly changing healthcare system. Developing analytical and problem-solving skills was considered an important part of equipping nurses to meet future challenges (United Kingdom

Central Council for Nursing, Midwifery and Health Visiting 1986). The new PK2 pre-registration programmes increased emphasis on the theoretical elements of the programme, and learners were afforded a more traditional academic student status. This move also, for the first time, transferred key responsibility for recruitment and delivery of pre-registration programmes from health service providers to HEIs. This move had a significant impact on the role of the student. Students became supernumerary, and as such were no longer part of the workforce employed by the NHS.

At the end of the 1990s, concerns were raised in relation to the competence and confidence of newly qualified nurses; often such issues were attributed to the reduced exposure learners had to clinically based learning (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999). To address these concerns the Government commissioned a series of reviews and consultations. The most influential of these was the *Making a Difference* report (Department of Health 1999). This identified the stronger role nursing would play in healthcare planning and delivery. This was followed by a review of pre-registration nurse education, chaired by Sir Leonard Peach. The subsequent report, *Fitness for Practice* (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999), outlined how the *Making a Difference* agenda could be achieved (Department of Health 1999). The Peach Report identified the need to achieve a greater balance between the theory- and practice-based components of pre-registration programmes to support the development of role competence. The report highlighted that there must be greater recognition of the joint responsibility that the HEIs and healthcare service provider organisations had in supporting effective learning and assessment. The overriding emphasis of this report was that nursing curricula must be practice focused, and that the responsibility for the education of nurses should be jointly held by NHS Trusts and HEIs in order to develop nurses who would be fit for practice, purpose and the award at the end of the programme. It

was made explicit that the quality of practice placements had a direct impact upon the student learning experience and thus their level of achievement (English National Board for Nursing, Midwifery and Health Visiting 2001). This resulted in a requirement for students to have longer, high quality practice placements in a supportive environment. By the year 2000 there was growing national focus on developing the quality of these pre-registration nursing practice placements.

In the 1990s, the NHS and Community Care Act was implemented, which introduced the internal market to the NHS for the first time; health authorities could manage their own budgets and buy healthcare from hospitals and other health organisations. In order to be deemed 'providers', hospitals gained more independence and became known as NHS Trusts (NHS choices 2012). In 2000, the NHS Plan was launched which, as well as promising significant investment in the NHS, introduced quality and contract measures, including accident and emergency and operation waiting times (Department of Health 2001). In 2002, Primary Care Trusts were introduced to improve the management and delivery of healthcare at a local level. Primary Care Trusts held 80% of the total NHS budget and, as well as traditional NHS providers, liaised with the private sector when contracting out services. The introduction of 'patient choice' by the end of the decade meant that all patients were provided with a choice of hospital, and those waiting longer than six months for an operation were given a choice of an alternative place of treatment (NHS choices 2012). All of this required NHS providers to become more business-like. Managing bed capacity and patient flow through hospital departments, as well as timely discharge, now had financial and reputational implications for NHS Trusts. Nurses became key to ensuring that services ran efficiently and this, as well as increased public expectation and involvement in care, placed new demands upon the registered nurse. At the same time, the nature of the acute inpatient changed. Treatment and therapies advanced, with more care being delivered in

community settings. An aging population and complex chronic disease management saw demand for inpatient services increase. These factors led to increased inpatient acuity and bed occupancy, which augmented the workload for nurses (RCN Policy Unit 2006).

At the time PK2 was implemented, Healthcare Assistants (HCAs) were recruited to replace the student in the NHS workforce, and the registered nurses' role in relation to pre-registration nursing changed. The Peach Report (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999) recommended an increase in the length of time students spent in practice placements, and this recommendation was implemented in all post-2000 curricula. At the same time, the NHS plan (Department of Health 2001) promised a significant increase in the nursing workforce, most of which was delivered through increased recruitment to pre-registration nursing programmes. This was achieved through increasing the numbers of student nurses recruited and through the implementation of a widening participation strategy in nursing. This strategy supported access to nurse education through non-traditional routes for those without the required GCSE or A-level qualifications. The widening participation strategy has markedly increased the diversity of students in terms of their age, gender, ethnicity and educational background (Scholes, Freeman et al. 2004). This has increased the complexity of learners' needs such as childcare support and coping with the financial burden of being a student (MORI 2003). The increase in student numbers resulted in practice placement areas becoming overcrowded with learners and, as a consequence, mentors having to accommodate more students than they could effectively support (Harrison 2004).

These developments culminated in what might be considered 'a perfect storm', or a rare combination of circumstances that noticeably aggravated the situation in relation to the provision of practice



placement support. Policy changes over the past two decades have had a major impact on the health service delivery environment and, more specifically, on the range and the number of demands placed upon the registered nurse, or mentor, in relation to the time they have to support student nurses. At the same time as responsibilities were increasing for the registered nurse, there were increasing numbers of students being placed within clinical placement environments.

Scholes et al. (Scholes, Freeman et al. 2004), in an evaluation of the national nursing curriculum in England since 2000, concluded that whilst the theoretical curriculum was largely fit for purpose, there remained a deficit in relation to the provision of good quality student support during practice placements. Since the implementation of PK2, the practice-based mentor and a link lecturer or personal tutor from the HEI had been responsible for providing practice placement support. Following the publication of *Fitness for Practice* (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999), a small number of joint posts, working between the NHS and the HEIs, were developed and implemented across the country with the aim of improving placement capacity and quality. This was reflected locally by practice placement coordinator or practice placement manager roles being introduced from the year 2000. Anecdotally, it was considered that these roles had had a positive impact on practice placements. I was asked to lead an evaluation of these roles across the SHA regions in 2005 to assess this more rigorously. This evaluation was a driver for this current study and as such will be explored in the following section.

## 1.4 Local context

As outlined previously, at the same time as emphasis was being placed on the quality of clinical practice placements undertaken by pre-registration nursing students (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999), NHS reforms delivered a strategic plan to increase the number of nurses in employment by the end of the decade (Department of Health 2001). These factors, compounded by service redesign and staff shortages, led to a shortage of available practice placements for student nurses (Miller, Umney 2001). To help develop the quality and capacity of practice placements, joint posts between HEIs and the National Health Service (NHS) were created across the country. These posts were developed independently within each SHA region and the role title, remit and range of activities undertaken by the post-holders varied; some worked strategically whilst others had a more operational brief (Jones 2006).

Early indications were that these posts had a positive impact on developing the capacity and quality of practice placements (Miller, Umney 2001, Rowan, Barber 2000, Drennan 2002). However, a national deficit remained in relation to the quality of practice placements and, in particular, student support (Scholes, Freeman et al. 2004). National debate, in relation to this problem, recognised that there were insufficient strategic and operational support structures within NHS organisations to fully meet the needs of learners (Lynch 2000, Walsh, Jones 2005). Whilst these new placement support roles had addressed this to an extent, lack of clear role definition led to a dichotomous system of student support in England, with some organisations focusing on strategic development and others on face-to-face clinical support (Miller, Umney 2001, Drennan 2002).

Anecdotal evidence, both nationally and locally, suggested that whilst new placement support roles had a positive impact, there was still much to do to secure high quality practice placements for all students. At the same time, locally, an intended merger of three SHAs within the West Midlands region was announced. In the context of practice placement support, this initiative resulted in several differing models of practice placement support and support roles being placed within the remit of a single funding organisation. In response to these drivers, a project team was established within the Birmingham and Black Country SHA to identify and explore the effectiveness of the range of practice placement support models across the region; as part of this work I led an evaluation of practice placement support roles. The findings of this initial evaluation of practice placement support roles (Jones 2006) will be explored in further detail.

#### **1.4.1 Local evaluation of practice placement support roles**

The regional evaluation had the following key objectives: to scope the nature and type of practice placement support roles nationally; to review the type and nature of practice placement support roles within the West Midlands region; to critically analyse the roles of practice placement managers within the Birmingham and the Black Country SHA region; and to compare and contrast national, regional and local models of practice placement support to inform future development and resource allocation. Quantitative and qualitative methods were used to meet the objectives of the evaluation by using surveys and interviews. A scoping template was sent to 28 English SHAs. A separate scoping template was completed for each of the three SHA regions in the West Midlands. Statistical data were analysed using descriptive statistics, and contextual data obtained during interviews were utilised to provide a descriptive account of models used across the region. Finally, a role analysis survey was issued to all practice placement managers in Birmingham and the Black Country.

The data were subject to thematic analysis. A time budget survey was undertaken and analysed by adding up the percentage of time post-holders stated they spent undertaking activities at each organisational level (strategic, operational or interface) and then ranking these totals depending upon where post-holders spent most of their time. Seven out of the 28 SHAs scoped responded, excluding the three regional SHAs which had been surveyed separately. Whilst on the face of it such a response rate might be considered poor, of the seven SHAs, each one provided feedback in relation to a minimum of 20 posts within their region. This provided data for at least 140 posts nationally, securing a more significant base for the evaluation. The geographical spread of returns provided a sample from the North of England, down through the Midlands and into the South West of England.

What was evident from the national data was that most regional roles had developed onwards from what were originally core job descriptions. These job descriptions had been developed to meet identified national and local agendas. The key objectives for most post-holders were: the management of placement capacity; the management of placement quality; and the facilitation of enhanced partnership working. At a local level it was clear that whilst most post-holders shared a core job description, the range of activities they undertook and the level of autonomy afforded them were diverse. This divergence was clear from the data. If one key aspect of the job description was explored, such as 'to enhance placement quality', whilst this would appear to be a well-defined objective, the perception of what activities were required to achieve this varied depending upon the post-holder and the context within which they were working. For example 30 post-holders who participated in the evaluation identified 114 activities/factors required to achieve this one objective.

Post-holders identified that a lack of clarity in relation to the focus of their role featured at both an individual and an organisational level. It would appear that the initial primary focus of the role depended upon the initial 'angle of attack' the employing organisation felt that the post's objectives should be addressed from. Some lack of clarity within organisations may have been because there were no agreed national job titles and role descriptors for this type of role. At a regional level, within the local context, there was a range of role titles used for these roles. Whilst the majority of these posts had some shared role objectives, they were far from synergetic in relation to the scope of the roles, the level of organisational working and associated autonomy.

The key finding of this evaluation was the breadth of activities that these post-holders embraced. The regional findings reflect those found in the literature at the time, a full analysis of which will be provided later in this chapter. Post-holders were expected to address the role objectives from a top-down and bottom-up perspective. What is clear is that individuals were struggling to address the need for strategic development and to bridge the gap in resources available to support learning and assessment in practice. The evidence in this evaluation suggested that when faced with such a diverse range of needs, post-holders were prioritising to meet the greatest need at any given time. This was often referred to by post-holders as being in a constant state of 'firefighting'.

It was evident from the role analysis that individual post-holders and organisations had developed the roles to focus on needs at a particular organisational level. Some had chosen to focus on discipline-specific support for mentors and students; others took on a more multiprofessional organisational approach. This said, it is critical to highlight that this focus did not exclude them from being drawn into working at other levels. The majority of post-holders in Birmingham and the Black Country

identified that they worked across the full range of organisational levels. Not only was this diversity evident in relation to the breadth of activities the post-holders undertook, but also in relation to the matrix of partner organisations they worked with.

These issues were not new; the literature four years previously recognised these challenges (see section 1.5, page 45). However, in the light of the regional evaluation, it appeared that widespread resolution of this issue was slow in coming. The complexity of addressing multiple agendas and the lack of role focus remained real barriers for many post-holders.

The findings revealed that whilst 17% of post-holders worked in a multiprofessional context, the majority were discipline specific in focus. What is noteworthy is that when roles were discipline specific they tended to focus activity at an interface level. The multiprofessional roles tended to be more strategic in approach and were usually placed at a more senior level. This would seem to be a natural manifestation, as post-holders who are focused on a whole-systems approach to quality enhancement within organisations may be less likely to be drawn into clinical teaching, assessment and interface support. Across the West Midlands region, several models had evolved in relation to the scope and functions of the post-holders. Most of these models were very similar in approach but varied in their complexity and maturity.

Whilst these new roles had been successful, their effectiveness had been hindered due to their diverse nature and scope. Post-holders were working across a range of levels within an organisation. There were clear deliverables for these post-holders at strategic, operational and interface levels

within organisations, and these post-holders were often trying to address all of these. They were not only trying to develop strategies to enhance the quality of practice placements but also to deliver these operationally.

The findings of the study highlighted that the quality of support for student nurses during practice placements was variable because post-holders were struggling to address the plethora of placement support needs. At this point it was decided that a project was required to identify whether a new model of support could be developed that was better aligned to the multiple needs of student nurses during practice placements. This was the starting point for this study. The first step in this process was to scope current roles that support student nurses during practice placements. The next section provides a discussion about the outcome of this scoping, as well as a literature review undertaken to identify and evaluate any new placement support roles that existed that were similar to those in the West Midlands region.

## **1.5 A review of roles that support student nurses during practice placements**

Before embarking on this study it was necessary to define and map the most common support roles that related to the student during the practice placement. These roles were entitled 'core roles' as they existed in most parts of the country and featured consistently in the literature. As highlighted in the regional evaluation, new roles had been introduced across the country since 2000, but the way these had been operationalised was variable. A review was undertaken to scope these roles and to see what could be assessed empirically in relation to their efficacy. This section will share the process

and findings of this exploration which, when combined with my personal experience and the initial evaluation, provided a rich description of and a window into the reality of the system being studied.

### **1.5.1 A map of traditional support roles**

Three core traditional roles existed locally which corresponded to those frequently cited in the literature that relates to student nurse practice placements (Rhodes, Jinks 2005, Brown, Herd et al. 2005, Lambert, Glacken 2004, Cahill 1997, Andrews, Wallis 1999, Wills 1997, Wilkes 2006, Northcott 2000, Gidman, McIntosh et al. 2011). These were the placement mentor, the link teacher/tutor/lecturer and the personal teacher.

#### ***The role of mentor***

The role of the mentor is currently defined by the Nursing and Midwifery Council as:

*A registrant who has met the outcomes of stage 2 and who facilitates learning, and supervises and assesses students in a practice setting. (Nursing and Midwifery Council 2008, p.16)*

Stage 2 identifies the standard for mentors. Nurses and midwives can become a mentor when they have successfully achieved all of the outcomes at this stage. This qualification is recorded on the local register of mentors (held within the employing organisation). However, over the decades the responsibilities of this role have been subject to change in line with changing pre-registration nursing standards and curricula requirements. Wilkes (Wilkes 2006) provides an excellent overview of these changes that are aligned to changes in the curricula, as shown in Table 1.



**Table 1 Role of the mentor in relation to pre-registration curriculum changes**

Curriculum	Practice learning and teaching strategies	Role of the mentor
Apprenticeship model	<p>Students were essential members of the ward team.</p> <p>Not identified as having individual learning needs.</p> <p>Little time spent with qualified members of the team. Learning acquired by a process which came to be known as 'sitting next to Nellie', which relied on opportunistic observation.</p>	<p>Mentor was described as a trusted adviser.</p> <p>Assessment through four summative clinical assessments: a medicine round, aseptic technique, total patient care for a day and taking charge of the ward for a shift. The assessor was usually the charge nurse of the ward or a clinical teacher.</p>
Project 2000	<p>Focus on theory as nurse training moved to higher education institutions (HEIs).</p> <p>Practice placements tended to be short, particularly in the first 18 months. Students were supernumerary.</p>	<p>The concept of the mentor was introduced, and although the roles of mentor and assessor were intended to be separate, many mentors assessed student performance.</p>

		Continuous assessment introduced, but mentors were uncertain how much supervision was needed.
Making a Difference Programme	Programmes continued in HEIs, but the emphasis was on the need to ensure that the student was fit for practice and competent to practise. Time equally divided between practice and theory. Learning objectives set for each clinical placement.	Competencies were introduced alongside principles which were mapped to learning objectives, and mentors were responsible for teaching and determining whether a student was competent or not. Assessment of practice therefore had to be reliable, valid and conducted objectively.
<b>Changes in curriculum and the role of the mentor</b> <i>Wilkes, Z. (2006), Adapted from Andrews and Wallis 1999, Watkins 2000</i>		

As early as 1987, the English National Board for Nursing, Midwifery and Health Visiting (English National Board for Nursing, Midwifery and Health Visiting 1987) stated that every student must have a named mentor and required qualified staff to pursue a pattern of duty so that they were available

to act as teachers and supervisors of students. Even before PK2 there was evidence that students felt they did not spend enough time with their mentor, citing poor organisation and shift patterns as factors that influenced this. Students felt that for the student–mentor relationship to work well they should work alongside the mentor for a significant amount of time (Cahill 1997).

Similar findings were outlined in relation to the experiences of PK2 students by Lloyd Jones et al. (Lloyd Jones, Walters et al. 2001). Students in this study frequently worked shifts without their named mentors. In the mentors' absence, other staff provided direct and indirect supervision for the student; however, when the mentor was absent, students spent significantly less time working alongside a qualified nurse delivering care.

The changing roles of nursing within a new market driven NHS (Chambers 2007) and the range of colleagues the nurse mentor might have to support, such as nurses in training; nurses returning to practice; nurses undergoing adaptation from a different country; newly qualified nurses; and established practitioners (Northcott 2000) contributed to the challenging role of the mentor.

In 2003, the Nursing and Midwifery Council (NMC) published a commissioned report by Kathleen Duffy, revealing that students were passing clinical assessments even when there were doubts about their clinical performance (Duffy 2003). In response to this, the NMC undertook a review and published new standards to support learning and assessment in practice (Nursing and Midwifery Council 2008). This required some nurses to become 'sign-off mentors' for pre-registration students. Sign-off mentors have to meet the criteria for a sign-off mentor set out within *Standards to Support*

*Learning and Assessment in Practice* (Nursing and Midwifery Council 2008). The sign-off mentor makes the decision about whether a student's practice proficiency is sufficient for them to register as a qualified nurse at the end of their training. Nettleton and Bray (Nettleton, Bray 2008) describe how the changing nature of the role of the mentor, with its increased focus on assessing fitness for practice, may be preventing mentors from providing adequate support to students, suggesting that nurse mentors are struggling to fulfil the role with minimal formal support from their work environment. The difficulties associated with this demanding role will be explored more fully in Chapters 3 and 4.

### *The role of the link lecturer*

Whilst the literature demonstrates a lack of consensus and a clear definition of what the role of the link lecturer is, or should be (Brown, Herd et al. 2005), generally this role is undertaken by a nurse lecturer who, as part of their job plan, is linked to a clinical placement area or group of clinical placement areas. The literature identifies the critical role that link lecturers have in being the conduit between the HEI and the placement area, as well as providing important support for students (Walsh, Jones 2005, Brown, Herd et al. 2005, Price, Hastie et al. 2011). Locally, reflecting the literature (Brown, Herd et al. 2005, Carnwell, Baker et al. 2007, Carnwell, Daly 2001), link lecturers undertake a range of activities, including acting as a point of communication between the HEI and the placement provider; supporting mentors in their role; visiting students during the placement; facilitating learning; troubleshooting; problem solving and signposting to other types of support.

Whilst these roles play an important role in the support of students, the literature paints a picture of variability in relation to the availability and quality of this support. The link lecturer, just like the mentor, has multiple roles to fulfil across both academia and professional nursing practice, in some cases leaving them frustrated and the students dissatisfied (Wills 1997, Barrett 2007). Again, such issues will be considered in Chapters 3 and 4.

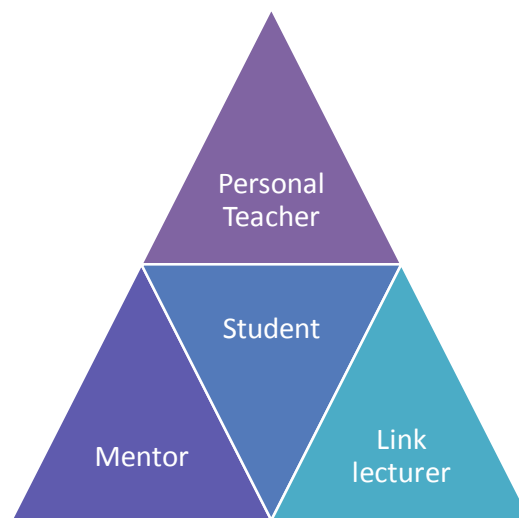
### *The role of the personal tutor*

All lecturers have responsibility for helping students to learn; however, some have a duty to maintain a personal relationship with the student, helping them to navigate and progress through their course (Gidman, McIntosh et al. 2011). The personal tutor provides individual tutoring at both timetabled and ad hoc times, depending upon student need, and also provides support for their academic, clinical and personal needs (Watts 2011). Whilst there is evidence that this support is both valued and used by students, there is also discourse suggesting that problems of timetabling, accessibility and isolation in the learning environment prove problematic for this relationship (Watts 2011, Dobinson-Harrington 2006).

Dobinson-Harrington (Dobinson-Harrington 2006), in a phenomenological investigation into the support relationship between nursing students and their personal tutors, identified that personal tutors recognised the complexity of student needs, especially the isolation students often feel. They also recognised the need to provide individualised pastoral support. However, due to workload, personal tutors were often left ‘firefighting’ problems, leaving these tutors with a sense that ‘assistance was piecemeal’.

### *Summary*

Before the year 2000, the most common model of student practice placement support involved three core roles: the mentor, the link lecturer and the personal tutor. These roles work together across higher education and clinical practice in a tripartite arrangement, providing a broad range of support for students. This model is represented in figure 1.



**Figure 1 Core roles that support student nurses during practice placements**

There were examples of good practice in relation to the quality of support provided through this tripartite arrangement (Walsh, Jones 2005). However, there was a lack of clarity in relation to the specific responsibilities of these post-holders across the literature. This was problematic in that all three post-holders clearly have multiple responsibilities within their roles, all of them finding it difficult to fulfil their student support role alongside multiple other responsibilities. This provides potential for duplication and omission in relation to providing support across the breadth of student

needs. This clearly had implications in relation to the provision of consistent support for student nurses. Having identified and mapped the common or core roles that support students during practice placements, a review of the literature was undertaken to scope new roles and to assess their efficacy.

### **1.5.2 New practice placement support roles: a review of the literature 1995–2005**

#### ***Aim of the literature review***

The aim of the review was to present the findings from a review of the literature on new roles developed to support student nurses during practice placements in the United Kingdom (UK) and Ireland, published in English, between 1999 and 2005. These dates reflect the post-2000 curriculum changes and the starting point of the evaluation project. International literature was not included as the focus of the review was to investigate new support roles within UK models of student nurse support.

#### ***Criteria for considering studies for the review***

As the development of these support roles were, in the main, evoked by Department of Health recommendations (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999, Department of Health 1999), the review time frame was from the publication of these key reports to 2005.

### *Inclusion criteria*

- Studies that focus on roles developed within the United Kingdom and Ireland from 1999–2005
- Studies that focus on the support of pre-registration nursing students
- The context of the study includes acute hospitals settings
- Methodological descriptions are included within the paper

### *Exclusion criteria*

- Descriptive, innovation papers
- Studies focused on post-registration support roles
- Studies focused only on primary care settings, as the dynamics of mentorship differ from those in the acute sector

### *Search strategy*

The following sources were utilised to collect data:

- On-line databases, national electronic library for health (NeLH), Cumulative Index of Nursing and Allied Health Literature (CINHAL), British Nursing Index
- Searching key websites – SHAs, Department of Health (DH)
- Searching the reference lists of cumulative identified literature
- Discussions with key SHA staff to identify any regional 'grey' literature



### *Key terms of search*

Student nurses and practice placements; placement support and new roles; clinical placement support roles.

### *Search results*

As the subject of this review was a relatively recent innovation, it was anticipated that sources of literature would be limited and that extended searching would have to be done to identify 'grey literature' (Moloney, Maggs 1999) such as politically commissioned regional reports that were not nationally published. This was achieved through discussions with key SHA staff during a regular national forum.

The articles identified by utilising the search terms above were 24 in number. Limiting the papers to the post-1999 period reduced this to 18. This date corresponds with the publication of the Peach Report (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999). Following the application of the exclusion criteria, two full text papers remained in the review. A further two research report papers were retrieved from SHA sources and one from the DH.

### *Data extraction*

In order to facilitate methodological appraisal, a data extraction and evaluation tool, described by Woodward and Webb (Woodward, Webb 2001) was utilised. Following this approach structured headings were used to assess the rigour of each paper and in congruence with this, rigour in

quantitative aspects was assessed using a framework of reliability, validity and generalisability, and in qualitative aspects using a framework of trustworthiness.

### *Evaluation of the evidence*

#### ***Summary of the papers reviewed***

Two of the studies reviewed were taken from peer-reviewed academic and professional journals (Rowan, Barber 2000, Drennan 2002); the remaining three were accessed from the DH (Miller, Umney 2001) or from SHAs (Dejnega 2002, Randle, Park et al. 2003). The five studies were undertaken by nurses, nurse-lecturers or nurse-researchers.

#### ***Methods used within key literature***

The literature reviewed was primarily evaluative in nature. The studies, in all cases, were conducted to evaluate new roles to support student nurse practice placements. There is much discussion amongst evaluators regarding the definition of what evaluation is (Cormack 1991, Worthen, Saunders 1987); however, clear criteria exist in relation to the definitive components of both evaluation and evaluation research. None of the authors within the selected literature discusses their chosen methodology and research design in relation to these criteria.

Rowan and Barber (Rowan, Barber 2000) utilise a simple survey design to evaluate the role of clinical facilitators, as opposed to the majority (Miller, Umney 2001, Drennan 2002, Dejnega 2002, Randle, Park et al. 2003), who utilise mixed methods approaches to evaluation (Worthen, Saunders 1987).

Utilising Cormack's (Cormack 1991) framework to define the characteristics of research and evaluation, four of the studies (Miller, Umney 2001, Drennan 2002, Dejnega 2002, Randle, Park et al. 2003) fulfil the criteria of evaluation. These were commissioned and designed with the primary aim of informing decision making, rather than seeking to understand and generate knowledge. They adhere to the philosophical tenets of evaluation as they seek to determine the value of these new roles.

### ***Summary of methodological issues***

Within all the studies there was a clear statement of aims. However, there was little or no discussion regarding the selection of chosen methodology. The methodologies were all synergistic with evaluation methodology and could be categorised as either formative (to inform programme development) or summative (to measure the outcomes of the development) evaluations (Barlow 2004).

The research designs, with the exception of Rowan and Barber's (Rowan, Barber 2000), utilised a multimethod approach to data collection, which was primarily aligned to qualitative methodology. Rowan and Barber (Rowan, Barber 2000) and Drennan (Drennan 2002) all utilised quantitative approaches.

The recruitment strategies were variable. All the studies included key educational stakeholders and defined who these were. The exception to this are Miller and Umney (Miller, Umney 2001), who omitted to sample any student nurses. When analysing evaluation projects it is essential to explore all

component parts (Worthen, Saunders 1987). The exclusion of students from this study undermines the value of this evaluation as essential information related to outcomes of the development is absent.

Drennan (Drennan 2002) utilised a range of sampling methods to achieve generalisability, including cluster sampling, to identify sites for the study, and used random proportional stratified sampling for the questionnaire. Drennan was, however, constrained by time and was thus unable to follow up non-respondents who did not return the questionnaire; such a follow-up may have increased the response rate and reduced the level of sampling error. Other studies adopted purposive and convenience sampling. Whilst there is much criticism of this approach, the authors justified this method as the sample fitted with the aim of the study. This approach to sampling is often selected in evaluation studies as they do not aim to achieve generalisability: results are often applicable only to the setting being studied (Cormack 1991).

The majority of studies used various methods for data collection. The selections of these methods, in most cases, were appropriate for the study aims. Comprehensive evaluation requires a framework to be utilised that allows the broad interests of stakeholders to be explored using a variety of approaches (Barlow 2004). With the exception of Miller and Umney (Miller, Umney 2001), who omitted to collect data from students, this was broadly achieved.

An interview protocol was utilised for conducting individual and focus group interviews and the data were subject to rigorous thematic analysis. The use of a protocol provides a broad and consistent framework for data collection (MacNee 1994).

The study by Rowan and Barber (Rowan, Barber 2000) lacks depth in relation to methodological discussion and thus it is difficult to adequately judge rigour and trustworthiness. The remaining studies are broadly consistent with evaluation methodology and demonstrate sufficient rigour for the data to be utilised with confidence.

### ***Conceptualisation of the literature***

Conceptualisation is the process of creating a picture of an abstract idea (MacNee 1994). To facilitate the process of conceptualisation within this review, the study findings were subjected to thematic analysis (Carnwell, Daly 2001). The key findings from the papers were sorted and categorised by theme. Six key themes emerged from the literature as defined in the following sections.

#### *Role development*

What was evident in the literature was the diversity of titles for the placement support roles that had evolved across the country. Miller and Umney (Miller, Umney 2001) reveal a total of 22 role titles, as well as an equally variable set of job descriptions. It is clear that in response to national strategy a similar set of key objectives for these posts has been developed by education commissioners (Miller, Umney 2001, Dejnega 2002, Randle, Park et al. 2003), namely: to increase the number and capacity of

placements; to develop the quality of practice placements; and to improve communication and collaborative working between HEIs and NHS service providers.

Each Workforce Development Confederation (WDC), its partner NHS Trusts and HEIs had developed these roles slightly differently. Miller and Umney (Miller, Umney 2001) , Dejnega (Dejnega 2002) and Randle et al. (Randle, Park et al. 2003) reveal a wide-ranging variability in person specifications for the posts. These range from a requirement to have five years' experience in a senior role, to a minimum of three years post-qualifying experience. The salary grading structures were equally diverse, ranging from NHS salary grades F to H. Authors, however, comment on the fact that often the grade did not relate to the responsibilities in the job description. There was no common agreement, often within the same WDC region, in relation to the scope of the role, the level of autonomy and the level of responsibility (Dejnega 2002, Randle, Park et al. 2003).

Post-holders and employing NHS Trusts operationalised the roles to meet perceived local need, and the resulting diversity spans all of the studies. What seems to be common within the three studies is that the initial job descriptions were 'all encompassing' (Miller, Umney 2001, Dejnega 2002, Randle, Park et al. 2003) or, as described by one post-holder, 'woolly' (Miller, Umney 2001). The type of activities contained within the remit of the post-holders ranged from strategic development to student/mentor interface support.

The findings of the remaining two studies differ in that the developed roles were focused very much on student support in the practice placement area; indeed, clinical credibility was a pre-requisite for

the post-holders (Rowan, Barber 2000, Drennan 2002). The authors considered that this definition enhanced the clarity of the role, and whilst initially it took some time to define the boundaries of the posts, consensus was soon achieved and the development progressed (Drennan 2002).

### *Role evolution*

Within the three studies (Miller, Umney 2001, Dejnega 2002, Randle, Park et al. 2003), the scope of the role focused activity in several areas. These are considered below:

#### *The development of placement capacity*

This had been approached in several ways. Some post-holders had worked strategically to develop capacity across organisations. This had been achieved by scoping capacity and redesigning the placement strategy to ensure full utilisation of all areas. Others had worked at an interface level, building relationships and 'goodwill' or supporting mentors directly so that more students could be placed in each placement area. A commonality amongst the post-holders was the development of learning pathways to enable the student to follow the patient journey and thus reduce time spent in key or primary placement areas. Overall, the findings suggest that these roles had been immensely influential in increasing placement capacity.

It is evident that the time required by the individual post-holder in the pursuit of increased placement capacity had been underestimated. In some areas, where placements were particularly difficult to secure, the scope of the role for post-holders did not extend much beyond this activity (Randle, Park et al. 2003).

In relation to the roles that focus on student interface support there is little mention of the post-holder's input into developing capacity across the organisation (Rowan, Barber 2000, Drennan 2002); however, it is clear that the objectives for these roles were far more quality focused. It appeared that in relation to increasing placement capacity, the post-holders were the only available resource within service provider organisations. The level of autonomy of the post-holders, as well as the access the individual had to management structures, had implications in relation to this. The overwhelming philosophy was that these post-holders should function strategically in order to develop capacity and quality generically. It requires some degree of authority to influence and implement strategies. Conversely, there was variability in the level of autonomy and decision-making powers held by the post-holders:

*In contrast to decisions taken by nurses which are generally quickly operated upon, I've found with this role that there's never a decision made quickly, it goes around seven different meetings and then a year on you're still waiting – Clinical placement development facilitator.*

(Randle, Park et al. 2003, p. 40)

#### *Developing placement quality*

It is surrounding the issue of quality that the greatest diversity in these roles occurs. The consensus across all the studies is that these roles, at whatever level, had enhanced the quality of practice placements. However, it is the level at which this enhancement had occurred that was dichotomous. There appear to be two main approaches to placement quality monitoring and enhancement. One is from a strategic/operational level and the other is from the interface level. Within the three studies (Miller, Umney 2001, Dejnega 2002, Randle, Park et al. 2003), the post-holder, as a result of previous



experience, local interpretation, or need had operationalised the role at one of these levels. The focus of work was similar, and included student support, mentor support and development and enhancement of learning opportunities; it was the approach to achieving this that varied.

The majority of post-holders, in the three studies, facilitated learning teaching and assessment by supporting mentors and staff to develop their own learning environments. They worked with HEI staff to ensure mentors were developed, and acting as the first point of contact for students and staff when difficulties arose. There is also evidence of a plethora of other, more local, responsibilities that the post-holders had to undertake which forced them to move out of this strategic/operational position, including logistics and administrative duties. The evidence demonstrates that as new issues emerged, more tasks were added to the scope of the roles:

*It opens up a can of worms, you are put in post to look at one thing but lots of other issues are involved in that...There are so many things that impact upon pre-reg. education it is difficult to know where to start. (Miller, Umney 2001, p. 16)*

These reports describe the often reactive nature of the business of the post-holders; some described themselves as being drawn into 'fire-fighting' (Dejnega 2002, Randle, Park et al. 2003). There was concern expressed in relation to the breadth of responsibilities the post-holders had within their scope. The reactive nature of the role prevented post-holders from fully engaging in activities that would secure long-term cumulative benefits. There was also a concern that anything that required

the post-holders to deliver on too many levels could lead to reduced effectiveness or 'burnout' (Dejnega 2002).

Conversely, the roles that were focused on interface support in the practice placement area (Miller, Umney 2001, Rowan, Barber 2000, Drennan 2002) had fewer problems with role clarity and role extension. There are examples of some post-holders who had envisaged their role as having more clinical emphasis experiencing an evolution of the role that made this impossible. This situation occurred as an expectation of local interpretation, rather than because it was the original intention of the role design (Rowan, Barber 2000, Drennan 2002). The implication of having a focus on interface-targeted activity was that the post-holder's involvement in strategic elements of placement development was limited.

Interestingly, data from students indicated high levels of satisfaction with input from post-holders when they were working at the interface level (Rowan, Barber 2000, Drennan 2002). When the post-holders were working at a higher level, students, on the whole, only knew and understood the role if they had been experiencing problems, because the post-holders had become engaged in resolution activities (Dejnega 2002, Randle, Park et al. 2003).

#### *Enhancing links and collaborative working*

All studies demonstrate the unequivocal impact these roles had on enhancing communication and partnership working between service providers and HEIs. Once again there was variability in relation to the level at which this occurred. In the more strategic roles, post-holders worked with HEIs to

strengthen the learning system. At the interface level, this communication and development was at a more dilute level and was focused on students and mentors (Randle, Park et al. 2003).

### *The concept of strategic fit between strategy and structure*

These posts clearly had a positive impact on the provision of practice placements (Miller, Umney 2001, Rowan, Barber 2000, Drennan 2002). However, a national deficit in relation to the quality of practice placements, and in particular student support, was still evident (Scholes, Freeman et al. 2004). Intellectual debate, in relation to this issue, recognised that there were insufficient strategic and operational support structures within NHS organisations to fully meet the needs of learners (Lynch 2000, Walsh, Jones 2005). Whilst these new roles had addressed this to an extent, lack of clear role definition led to a dichotomous system of student support in England; some organisations focused on strategic development and others on face-to-face clinical support (Miller, Umney 2001, Drennan 2002).

Two of the studies allude to a minority of organisations creating a more optimal structure, in that they had two levels of support role, one at a strategic/operational level and one at an interface level (Miller, Umney 2001, Dejnega 2002). There were no independent evaluations of this model within either of the studies.

### **Conclusions**

All the studies reviewed demonstrated the added value that these roles provided in relation to student nurse practice placements. Differing expectations in terms of the primary focus of the role

led to diversity amongst post-holders: some undertook a breadth of activities, whilst others had a more restricted brief (Miller, Umney 2001). Whilst the studies explore the potential for a standardised approach, the consensus was that whilst some comparability of practice may be useful, the roles needed to remain flexible in order to seek local solutions and meet local needs.

The organisational structure that most post-holders were working with did not have an optimum strategic fit and thus did not facilitate the development of practice placements at both a micro and a macro level (Walsh, Jones 2005). Within a small number of organisations a two-level approach had been adopted, with corresponding roles at both strategic/operational and interface levels. There was no evaluation of this model within existing literature. It was evident that there was a need for further investigation in relation to models of support for student nurse practice placements. Whilst it was recognised that some degree of flexibility was required, the identification of a preferred model of support would go some way to developing a national standard for practice placement learning, as well as ensuring that resources in this area are targeted effectively.

The findings from the literature review reflected the issues and the variability experienced regionally in the West Midlands. These findings were triangulated with the local evaluation in order to identify the key areas for investigation. This generated the aims and objectives of this study. The next section provides a summary of how the local problem was defined and the study aim developed.

## 1.6 The local problem defined

A consistent theme in the literature review and in the regional evaluation was that the roles supporting practice placement education were struggling to deliver against the breadth of objectives for student placement support. It would seem self-evident that if 50% of pre-registration nursing programmes are taught and assessed in practice, there should be sufficient resources to provide a consistent and effective model of practice placement support. At the time the regional evaluation was conducted, practice-based education received proportionally less direct funding than the theoretical component of the programme. Indeed placement learning is considered by some to be the poor relation, or Cinderella, in terms of healthcare education funding (Jones 2006). Figure 2 shows a more recent example of the proportion of funding allocated to NHS service providers to support the practice component of pre-registration programmes. It is interesting to note the different model used for the education of doctors, where service providers receive significant income to support the teaching and assessing of students or trainees.

As described, post-holders in the organisational structures of the practice placement provider could not deliver the policy or strategic objectives for pre-registration placement learning. Having both strategy and structures aligned in an organisation is known in management terms as 'strategic fit'. The concept of strategic fit was thus considered in the context of supporting student nurse practice placements locally. This concept will now be described more fully.

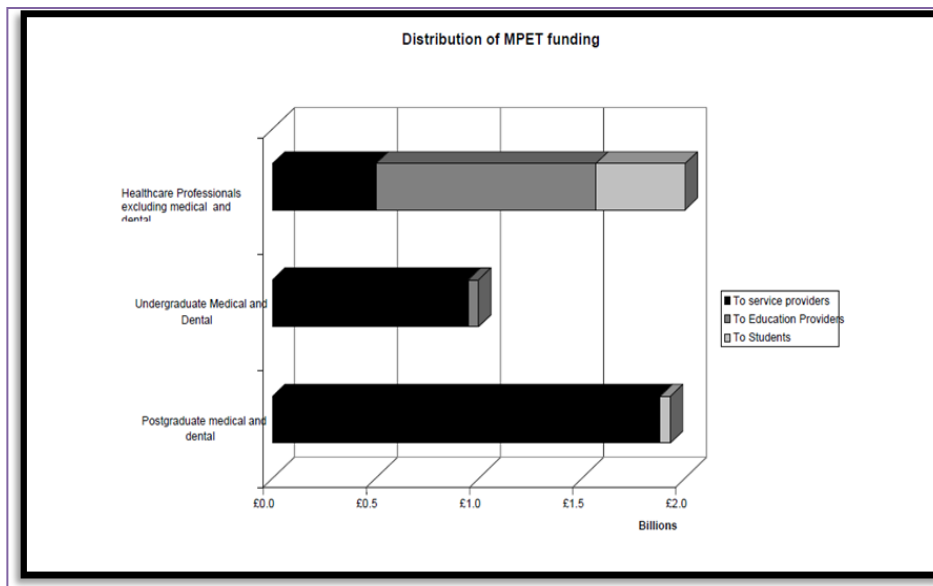


Figure 2 An example of central funding distribution for NHS multiprofessional education and training (Department of Health 2011)

### 1.6.1 Exploring strategic fit

The overall effectiveness of an organisation will be affected both by sound structural design and by the individuals filling the various positions within the structure (Mullins 1996). For an organisation to be effective there needs to be a matching process between the organisation's strategy and its structure: this is the concept of strategic fit (Lynch 2000). Within most organisations, the staffing resource to deliver the organisation's strategic objectives is situated at several levels: the strategic apex, the middle line and the operating core. When mapping this to NHS service provider organisations it relates to working at strategic, operational and interface levels. To deliver the strategic objectives for student practice placements, and secure optimal strategic fit, supporting roles need to be clearly defined at each organisational level (figure 3). In this context, the post-holders, in the absence of other support roles within the organisation, were being required to deliver at too many levels; hence the organisational structures did not support delivery of key objectives for practice placements (non-optimal strategic fit).

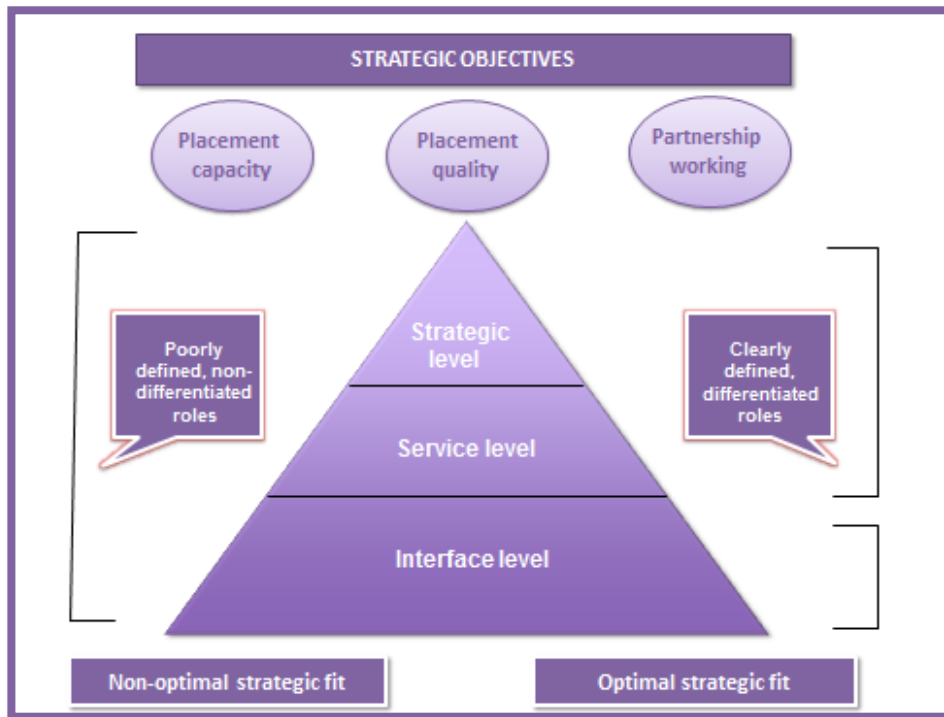


Figure 3 The concept of non-optimal strategic fit as applied to practice placement support roles

Without doubt, the new roles developed in the post-2000 period to support practice placements had made inroads into enhancing the quality and capacity of practice placements (Scholes, Freeman et al. 2004). However, the regional evaluation highlighted that key issues remained in relation to achieving consistent, high quality practice placements. The focus of these problems would appear to be the concept of non-optimal strategic fit, with the regional picture being consistent with the national one. It was thus important to respond to the outcomes of the evaluation and the literature review and consider the notion of non-optimal strategic fit when developing a new model of support.

### **1.6.2 Summary: defining the study aim and objectives**

In summary, the literature review and the regional evaluation highlighted that the current model of student support required strengthening. Whilst there were areas of excellent support (Walsh, Jones 2005), the quality of this support was variable. Scholes et al. (Scholes, Freeman et al. 2004), in a large-scale national evaluation of post-year-2000 nursing curricula, conclude that whilst the theoretical curriculum was largely fit for purpose, there remained a deficit in relation to the provision of good quality student support during practice placements. Locally, it was agreed that alternative models of support should be explored and piloted using a robust research-based approach.

I decided to use the concept of strategic fit as a starting point for designing this study. In order to achieve a more optimal strategic fit it was necessary to clearly define what the needs of students were during practice placements. A new structural model of support could then be designed to directly align to these needs. However, on investigation, whilst the national literature provided investigations into isolated components of student support such as mentorship and the role of the link teacher (Rowan, Barber 2000, Drennan 2002, Twinn, Davies 1996, O'Callaghan, Selvin 2003, Koh 2002, Cahill 1997, Gray, Smith 1999, Melia 1987, Cope, Cuthbertson et al. 2000), discourses that situate holistic student support needs within the context of the changing student profile and a dynamically redesigned NHS were sparse ( Department of Health 2001). As such, defining these needs became the first objective of this study. Once this was achieved a new model of support could then be explored.



### *The study aim*

To investigate and address the multifarious support needs of student nurses undertaking situated learning during practice placements within Black Country Acute NHS Trusts.

### *Study objectives*

- To isolate consensus and divergence in respect of stakeholder perceptions of the support needs of student nurses during practice placements (national and local)
- To investigate and identify the outcomes of current structures, systems and processes that support student nurses during practice placements
- To compare and contrast identified needs with contemporaneous outcomes to identify current deficits in support
- To generate a theory-based model for practice placement support that is commensurate with the contemporary needs of student nurses
- To assess the validity and applicability of the emerging constituent model

## **1.7 A pedagogical theoretical framework for the study**

### **1.7.1 Introduction**

Placements provide contexts for learning that are different from those provided in universities (Eraut 2008). The aim of this section is to explore how a pedagogical theoretical framework was selected as a conceptual space in which a new approach for student nurse support could be modelled. This section will therefore explore the pedagogical considerations specifically related to supporting situated learning in the practice placement. It is important to note that is not the intention of this section to systematically review the complex and interrelated map of learning theory, but to appraise and consider theoretical frameworks that were considered to have relevance to workplace learning in the context of professional development in pre-registration nursing students.

### **1.7.2 Defining learning within the professional nursing context**

Learning can be considered in terms of being both an outcome and a process (Smith 2011). Smith's (Smith 2011) appraisal of early literature stresses that learning was often defined as a change in behaviour brought about by the learning process. Thus, learning in this context is defined as the end product. However, as Smith highlights, not all changes in behaviour developed through experience involve learning. As early behaviourists such as Pavlov (Pavlov 1927) demonstrate, conditioning can be used to elicit a change in behaviour, but this does not necessarily involve drawing on experience to generate generalisable new knowledge. More recently, theorists have focused on defining learning as a process of gaining knowledge or ability through the use of experience (Smith 2011).

In the professional nursing context, half of the student's pre-registration nursing programme is

situated within the clinical practice environment during their practice placements. The Royal College of Nursing (Royal College of Nursing 2006) describe the practice placement as one where learning opportunities are available for the learner to undertake practice under supervision. They state that a practice placement has a direct bearing on the student's ability to work effectively and integrate theory and practice. Access to learning is facilitated and assessed by a mentor, enabling the achievement of required learning outcomes and competencies. This highlights the critical part that practice placements have in ensuring learners develop the knowledge, skills and behaviours required to fulfil the programme outcomes. Before considering how learning within the placement environment is supported, it is important to identify the key outcome of the pre-registration nursing programme; in other words, to define the product of the learning process.

### *Defining learning as 'product'*

There are three key outcomes for pre-registration nursing programmes. At the end of the programme students are required to be: fit to practise; fit for purpose and fit to receive their academic award. Fitness to receive their award means that the student has completed their programme and achieved all relevant academic standards, and can therefore be conferred the relevant award such as a university diploma or degree. Fitness to practise and fitness for purpose are directly related to the student's ability to fulfil their professional role.

Fitness to practise is defined by the NMC as:

*A person's suitability to be on the [professional] register without restrictions. In practical terms, this means: maintaining appropriate standards of proficiency, ensuring you are of good health and good character, and you are adhering to principles of good practice set out in our various, standards, guidance and advice. (Nursing and Midwifery Council 2012, pp. 10–11)*

This means that to be fit to practise the student must have demonstrated their learning through the achievement of the relevant educational requirements as set out by the NMC as the professional regulator. It also means that the student must be working to professional standards and guidelines set by the NMC in order to be a registered nurse. So the learning product, in this context, can be defined as someone who is fit to be entered onto the UK professional nursing register.

Fitness for purpose equates context-specific quality with the fulfilment of a specification or stated outcomes (Harvey 2011). Translated to the nursing domain, this means that the registered nurse can fulfil the role of a nurse, to a defined standard, as required in the contemporary healthcare setting.

The Royal College of Nursing (RCN) defines nursing as:

*The use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death. (Royal College of Nursing 2003, p. 3)*

In working towards a contemporary definition of nursing in 2003, the RCN identified the key attributes of nursing derived from existing theoretical definitions or descriptions of nursing. These attributes require the nurse to have appropriate values, attitudes and behaviours, as well as relevant knowledge and skills. The RCN (Royal College of Nursing 2003) highlights that the ability of nursing to respond to people's need for nursing within the rapidly changing healthcare environment depends on the way in which nursing work is organised in healthcare delivery systems and how practice is regulated and the quality of care is assured, as well as how practitioners are prepared. This focuses attention on the dynamic and ever-changing healthcare system and the need to ensure that nursing education provides experiences that equip nurses with life-long learning skills that enable them to adapt and respond in a continually changing healthcare environment.

In considering the learning product in professional nursing practice, it has to be recognised that the product of learning cannot be defined as an end point. Fitness to practise requires nurses to continually meet the requirements for registration, including continuous learning to ensure that they '*maintain appropriate standards of proficiency*' (Nursing and Midwifery Council 2012, p.10). Similarly fitness for purpose within the dynamic healthcare environment requires continuous professional development to ensure that nurses can fulfil their role effectively in line with system change as well as scientific and professional progress.

In light of these definitions it may be more appropriate to recognise learning in the professional nursing context as a continuum or an ongoing developmental journey. The learning product can thus be defined at key points in time. These include: at the point of registration; at the end of the pre-registration period (known as the preceptorship period, which is a period when newly qualified

nurses have extra support to build confidence and consolidate their pre-registration learning); and at key career progression points in the post-registration period. This continuum is conceptualised in figure 4.

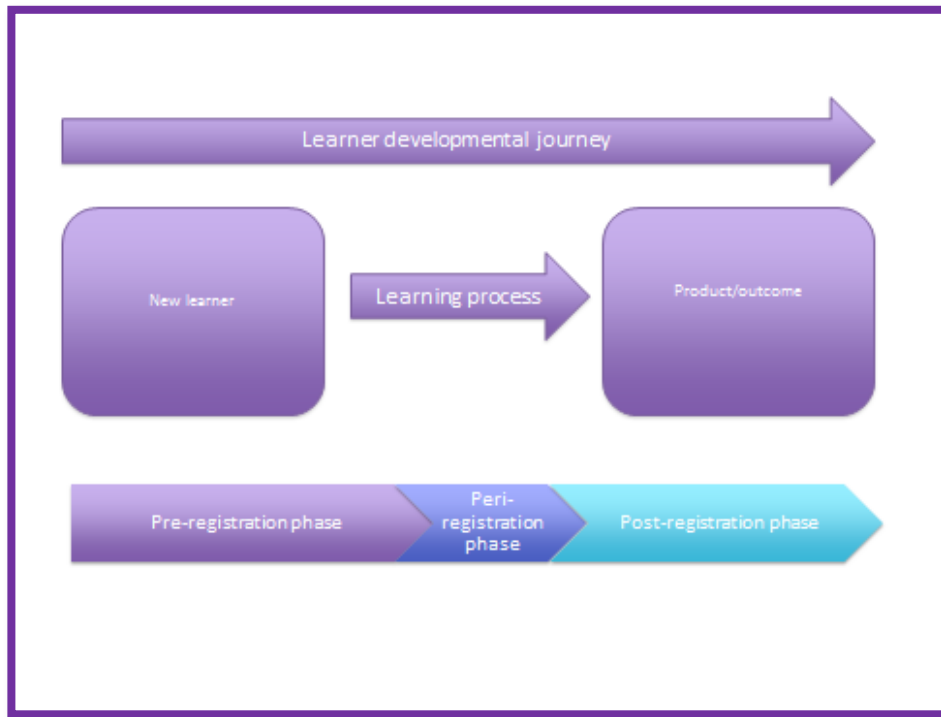


Figure 4 The learner development journey in nursing (figure A)

The learning product in relation to pre-registration nursing can thus be defined as the learner fulfilling the regulatory requirements and professional nursing attributes required to be fit for practice and purpose in contemporary healthcare environments.

### *Defining learning as 'process'*

Having previously conceptualised learning as a continuous process or journey, it is now important to

consider the learning process, or learning journey, in nursing. All journeys have a start and end point, even if the traveller rests along the way. For the purpose of this study I will consider 'point of registration' as the first 'resting place' on the nurse's continuous learning journey. This section will review the key developmental points on the nursing learning journey as well as review the learning process facilitated in the practice placement.

In defining the developmental points on this learning journey, it must be highlighted that development of any kind within the professional nursing context suggests progression of some kind. Progression might mean that the learner develops to become a registered nurse or that as the nurse moves through their career pathway they progress to become more knowledgeable and skilful in a particular area of practice. How progress is defined and recognised will now be considered.

Michael Eraut, in his research projects on workplace learning, regularly found that newcomers first recognised that they had learned something when they realised that they were doing things they could not have done weeks earlier (Eraut 2008). Eraut explains that although the workplace seems to be primarily concerned with an individual's capability in relation to what they do and how they perform, it is equally important for professionals to be able to do the right thing at the right time. He outlines that this includes understanding the general context and specific situation that has to be dealt with. The practitioner needs to decide what needs to be done by both themselves and others and to take action based on this. The newcomer is challenged in this sense in that they are often unaware of what is going on around them and what is expected of them. Eraut (Eraut 2008) highlights that the new students in the university setting are often members of large cohorts who are similarly unsure in their new environment. However, in the workplace setting the student is likely to be one of

only a few newcomers. So just as it will take time for the learner to gain an understanding of the general and specific context they are working in, it will take time for them to progress and to perform capably.

This development, or progression, within the workplace context is well described in the work of both Benner (Benner 1982) and Dreyfus and Dreyfus (Dreyfus, Dreyfus 1986), who describe this journey as a progression from novice to expert. They too recognise that the development journey is a continuum and that the 'expert' level does not signify that development stops, as expert practitioners need to evaluate their practice and keep up-to-date with new evidence. Benner (Benner 1982) reflected the Dreyfus and Dreyfus model of skill acquisition (Dreyfus, Dreyfus 1980) in her study highlighting that it was generalisable to nursing practice. Table 2 demonstrates the progression models described by Dreyfus and Dreyfus, and Table 3 shows Benner's application of this to nursing practice.

**Table 2 Summary of Dreyfus model of progression: source Eraut (Eraut 2008)**

Level 1	<b>Novice</b> Rigid adherence to taught rules or plans Little situational perception No discretionary judgement
Level 2	<b>Advanced beginner</b> Guidelines for action based on attributes or aspects, characteristics of situations recognisable only after some prior experience Situational perception still limited All attributes and aspects are treated separately and given equal importance
Level 3	<b>Competent</b> Coping with crowdedness Now sees actions at least partially in terms of longer-term goals Conscious deliberate planning Standardised and routinised procedures
Level 4	<b>Proficient</b> See situations holistically rather than in terms of aspects See what is most important in a situation Perceives deviations from the normal pattern Decision-making less laboured Using maxims for guidance, whose meaning varies according to the situation



Table 3 Benner's stages of clinical competence: source NSW Government (NSW government 2011)

<p><b>Stage 1: Novice</b></p> <p>The Novice or beginner has no experience in the situations in which they are expected to perform. The Novice lacks confidence to demonstrate safe practice and requires continual verbal and physical cues. Practice is within a prolonged time period and he/she is unable to use discretionary judgement.</p>
<p><b>Stage 2: Advanced Beginner</b></p> <p>Advanced Beginners demonstrate marginally acceptable performance because the nurse has had prior experience in actual situations. He/she is efficient and skilful in parts of the practice area, requiring occasional supportive cues. May/may not be within a delayed time period. Knowledge is developing.</p>
<p><b>Stage 3: Competent</b></p> <p>Competence is demonstrated by the nurse who has been on the job in the same or similar situations for two or three years. The nurse is able to demonstrate efficiency, is coordinated and has confidence in his/her actions. For the Competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. Care is completed within a suitable time frame without supporting cues.</p>
<p><b>Stage 4: Proficient</b></p> <p>The Proficient nurse perceives situations as wholes rather than in terms of chopped up parts or aspects. Proficient nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals. The Proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The Proficient nurse can now recognise when the expected normal picture does not materialise. This holistic understanding improves the Proficient nurse's decision making; it becomes less laboured because the nurse now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones.</p>
<p><b>Stage 5: The Expert</b></p> <p>The Expert nurse has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The Expert operates from a deep understanding of the total situation. His/her performance becomes fluid and flexible and highly proficient. Highly skilled analytic ability is necessary for those situations with which the nurse has had no previous experience.</p>

Benner observed that professional development along a hierarchy of thinking, judgment, behaviour and experience demarcates one level of practice from another (Benner 1992). The journey from novice to expert identifies that, over time, the nurse's practice becomes more and more intuitive due to the development of deep, tacit knowledge. Eraut (Eraut 2008) provides an excellent appraisal of

the implications of this for the learner in the work environment. This appraisal will be considered here in some detail.

Eraut describes the nature of professional practice in relation to four aspects. These include situational understanding, decision making and action. The fourth aspect is what he refers to as meta-cognition, or the person's ability to be aware of what they are doing or have just done. Meta-cognition includes having an intuitive awareness of the situation, as well as rapid moments of reflection on what has happened. In the world of professional practice, this is used to enable the practitioner to perform their role efficiently:

*Increasingly intuitive decision-making involves pattern recognition and rapid responses to situations based on the tacit application of tacit rules. Routine procedures are developed through to the competence stage for coping with the demands of work without suffering from information overload. Some of them are likely to have begun as explicit procedural knowledge and then become automatised and increasingly tacit through repetition, with concomitant increases in speed and productivity. (Eraut 2008, pp. 3-4)*

Eraut highlights the implications of this for the novice, concluding that whilst newcomers may be well aware of their lack of situational understanding, they may not get much helpful feedback on it. In other words the expert practitioner becomes so familiar with the situation that they cannot imagine anyone else not being aware of the obvious. Two important points for this study emerge here. The first is that the learner may not receive the support they need to understand the context in which

they are working. Secondly, the learner may be challenged in accessing the knowledge required to enable them to develop because such knowledge is tacit and not explicit in the decision making and actions of the professional. This highlights the importance of providing the right support in the practice placement environment to enable students to progress from the novice stage. The student will require specific support to enable them to make sense of situations and to 'unpick' the decision making and actions of expert professionals.

At this point it is important to consider how the learner might transfer the knowledge they have previously obtained within the university setting to the practice environment to enhance their development. The practice placement is situated within a working environment where the primary focus and role of the workers is to deliver a service, not to educate. Whilst education is generally considered an important element of nursing practice, the pace and complexity of modern healthcare environments mean that the nurse is faced with multiple competing demands for their time. Salomon and Perkins (Salomon, Perkins 1998) highlight that nearly all taught components of professional education are intended for future use at work; in other words there is a forward-reaching transfer of this knowledge into the work environment. Because the discourse and culture of the workplace are very different from the formal education environment, the learner often has to use backward-reaching transfer, searching for 'past knowledge' when they experience new or unique situations. This notion is further supported by Cope et al. (Cope, Cuthbertson et al. 2000), who highlight, in their study exploring student nurses' experiences of learning within the practice placement, that knowledge transfer is not linear but cylindrical, involving forward-reaching and backward-reaching knowledge transfer. Learning in education settings cannot be substituted for learning in the workplace setting; however, learning in practice and learning to use knowledge acquired in formal

education settings do not happen automatically. This type of learning requires both time and support (Eraut 2008).

To summarise, in relation to defining learning as a process, the notion of the developmental journey has been explored. It has been identified that learning within the professional nursing context is a continuum, with the learner progressing from novice to expert. It is recognised that the 'expert' level does not signify that development stops, as expert practitioners need to evaluate their practice and keep up to date with new evidence. Nurses who are at different levels of skills acquisition perform in different clinical worlds in that the expert practitioner has deep, tacit knowledge leading to intuitive situational understanding and decision making (Benner 1992). Without specific support it may be difficult for the novice to transfer or gain new knowledge within the complex and fast-paced practice placement environment.

Cope et al. (Cope, Cuthbertson et al. 2000), in a study exploring situated learning in the nursing practice placement, agree with the perspective that the practice placement is a complex social and cognitive experience. This highlights not only the complexity of the placement environment, but also the social nature of the learning situated within it. In cognisance of this, the next section will explore and consider the theoretical concepts and propositions related to situated learning, focusing initially on the foundations of social learning theory and latterly exploring situated learning models that are pertinent to the practice placement.

### 1.7.3 Situated learning: theoretical considerations

Situated learning is learning that takes place in the same context in which it is applied. It was first proposed as a model of learning in a community of practice, recognising that learning should not be viewed as merely the transmission of abstract and decontextualised knowledge from one individual to another, but as a social process whereby knowledge is co-constructed. Such learning is situated in a specific context and embedded within a particular social and physical environment (Lave, Wenger 1991). Lave and Wenger deal with learners holistically, purporting that the learner cannot be separated from their social being and setting (Lave, Wenger 1991).

The situated learning model emerged from the social learning orientation. Bandura's original social learning theory espouses that people learn from one another via observation, imitation and modelling. Ormrod (Ormrod 1999) describes the general principles of social learning as:

- That people can learn by observing the behaviour and the outcomes of behaviour in others.
- Learning can occur without a change in behaviour. Behaviourists purport that learning has to be represented by a permanent change in behaviour. In contrast, social learning theorists say that because people can learn through observation alone, their learning may not necessarily be shown in their performance. Learning may or may not result in a behaviour change.
- Cognition has a role to play in learning. Over the last 30 years, social learning theory has become increasingly cognitive in its interpretation of human learning. Awareness and expectations of future reinforcements or punishments can have a major effect on the behaviours that people exhibit.
- Social learning theory can be considered a bridge or a transition between behaviourist learning theories and cognitive learning theories.

Bandura (Bandura 1997) claims:

*Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behaviour is learned observationally through modelling: from observing others one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action. (Bandura 1997, p. 22)*

Two key principles of social learning should be noted in relation to placement learning. Firstly, individuals are more likely to adopt a modelled behaviour if it results in outcomes they value. Secondly, individuals are more likely to adopt a modelled behaviour if the model is similar to the observer and has 'admired status' and the behaviour has functional value (Bandura 1997). These points highlight the importance of personal and social values and norms in developing desired behaviours. This may be significant in relation to the student's need to belong to or to be accepted in the social community or practice placement area. This has resonance with the humanist perspective of Abraham Maslow (Maslow 1971) and his exploration of human motivation theory. Maslow identified a hierarchy of human needs and suggested that people are motivated to fulfil their basic lower level needs before addressing those that were at a higher level. Cherry (Cherry 2012) explains that Maslow's hierarchy of needs are mostly presented as a pyramid, with the lowest level of needs being the most basic. These lower-level needs are essential physical requirements, including the need for food and shelter, etc. Once these lower-level needs have been met, people can consider the next level of needs, which is related to safety and security. As people progress up the pyramid, needs become increasingly psychological and social. Further up the pyramid, the need for personal esteem

and feelings of accomplishment take priority. Physiological, security, social, and esteem needs are deficiency needs, meaning that these needs arise due to deprivation. Satisfying these lower-level needs is essential in order to avoid unpleasant feelings or consequences. Maslow termed the highest-level needs of the pyramid as growth needs. Growth needs do not stem from a lack of something, but rather from a desire to grow as a person (figure 5).



Figure 5 Hierarchy of human needs (Maslow 1971)

There is the potential for the newcomer to model behaviour that will secure social acceptance, a notion observed by Cope et al. (Cope, Cuthbertson et al. 2000). In studying situated learning within the practice placement, Cope et al. highlight that, for the student nurse, acceptance into the community of practice was important and was witnessed on two levels. There was a general social acceptance that might be extended to any student and a professional acceptance that relied on the student modelling appropriate competence. This suggests the tendency for learners to model

behaviours that will gain social acceptance or to conform to the social norms in the practice placement environment.

Another relevant concept in relation to situated learning in the practice placement emerges from Vygotsky's social development theory and his idea of the zone of proximal development. Social development theory purports that social interaction takes place before development; consciousness and cognition are the end product of socialisation and social behaviour. Out of this concept, Vygotsky's theory of the zone of proximal development (Vygotsky 1978) was born. This zone of proximal development is described as:

*The distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance, or in collaboration with more capable peers. (Vygotsky 1978, p. 86)*

Vygotsky's theory highlights the essential role that social interaction plays in the development of cognition. When the learner is in the zone of proximal development in relation to carrying out a particular task, providing assistance from a 'more knowledgeable other' (or scaffolding), will enable them to achieve the task or master skill. Once the learner has mastered the task, this support or scaffolding can then be removed and the learner can continue to perform the skill independently (McLeod 2010).



The concepts of scaffolding and modelling are particularly relevant in the social learning context of the practice placement. Clearly, the learner will require access to expert practitioners, educators and 'more knowledgeable others' in order to support their learning and development. Indeed the learner in this case will require support from others in the placement setting to support both their psychomotor and cognitive development. The need to support both psychomotor and cognitive development within the social learning or workplace context is outlined in the related concept of cognitive apprenticeship.

Emerging from social constructivist theory, cognitive apprenticeship is much like a traditional craft apprenticeship in that learning occurs where experts and novices interact socially whilst focused on completing a work-related task. The focus in this case is developing cognitive skills through participating in authentic learning experiences (Dennen 2001). At the centre of cognitive apprenticeship as a learning approach are Lave and Wenger's (Lave, Wenger 1991) concepts of situatedness and legitimate peripheral participation. They hold that situated learning occurs through active participation in an authentic setting; this view is founded on the belief that this engagement fosters relevant, transferable learning much more than traditional didactic methods of learning (Dennen 2001). In the workplace environment, knowledge is constructed by learners as they attempt to make sense of their experiences. In a cognitive apprenticeship the learner is supported by 'a more knowledgeable other' who will support, or scaffold, this process through the use of a range of strategies such as modelling, coaching, articulation, reflection and exploration.

The concept of cognitive apprenticeship aligns itself to learning within the practice placement environment, as it recognises and supports both the psychomotor and cognitive development needs

of the learner. Indeed when applied to the developmental journey of the student nurse it provides an opportunity to achieve the balance required to develop the 'knowledgeable doer' or the integration of a high level of theoretical knowledge with practical know-how, which is a core aim of nursing professionals' education.

At this point it is pertinent to revisit Lave and Wenger's (Lave, Wenger 1991) concept of communities of practice. They first used this term when studying apprenticeship as a learning model. Their studies of apprenticeship revealed a complex set of social relationships through which learning takes place, rather than just a master-apprentice relationship. The term community of practice was used to refer to the social community that acts as a 'living curriculum' for the apprentice. Once the concept was articulated, they identified such communities everywhere, even in the absence of any formal apprenticeship system. In the original text, Lave and Wenger cite the learner, or apprentice, as being a legitimate peripheral participant in the community of practice learning from 'the master' as well as others within the workplace. The apprentice gradually develops to become a full participant within the community, eventually becoming the master or expert themselves. This process happens naturally as an outcome of the learning process.

One criticism of Lave and Wenger's original work relates to the conflicting definition of what constitutes a community of practice. Sometimes this definition is broad and sometimes it is narrow. Hodkinson and Hodkinson (Hodkinson 2004) highlight this in their constructive critique contrasting the two definitions below:

*A community of practice is an intrinsic condition for the existence of knowledge... Thus, participation in the cultural practice in which any knowledge exists is an epistemological principle of learning. The social structure of this practice, its power relations, and its conditions for legitimacy define possibilities for learning. (Lave, Wenger 1991, p. 98)*

In contrast, in the case studies Lave and Wenger provide in their original book, a community of practice is shown to be a close-knit group of workers sharing knowledge, tasks, activities and a common physical location.

Thus the community of practice could exist at both a macro and a micro level, as well as be locally defined or more geographically dispersed. Hodkinson and Hodkinson (Hodkinson 2004) question whether membership of the community of practice is the prime condition for all learning or whether communities represent certain conditions in which some learning can flourish. This is an interesting question when applied to the practice placement. It could be argued that membership of 'the practice community' is essential for the student nurse's learning and development, but equally the conditions within 'the practice community' must support appropriate learning and development. As explored earlier in this chapter, there is variability in quality across practice placements, and so defining the right conditions to support learning and development within the 'practice community' is required in order that it can function effectively as a community of practice.

Lave and Wenger (Lave, Wenger 1991) originally describe the learner as a legitimate peripheral participant in the social context of the community of practice, gradually developing to become a full

participant in the community and eventually becoming a 'master' themselves in the apprenticeship context. Again, however, there has been criticism of this concept because, whilst it retains its value when related to the novice or newcomer, it fails to provide an effective explanation for the learning of experienced workers (Hodkinson 2004). This said, in the context of this study, the transition from legitimate peripheral participant to full participant in the community of practice provides an appropriate description for the developmental journey made by pre-registration nursing students. Lave and Wenger (Lave, Wenger 1991) resist the notion that the transition to full participant is a defined concrete point, suggesting that this transition is a more fluid process. However, for the purpose of this study, there is a fixed point in the developmental journey of the student nurse because, to become a full participant in the community of practice in the purist sense, they must become a registered nurse. So the point of transition between legitimate peripheral participant and full participant can be defined as the point of professional registration.

This expands on the concept of the developmental journey in nursing previously described. Figure 6 shows the expanded framework demonstrating the developmental resting points related to the pre-registration period.

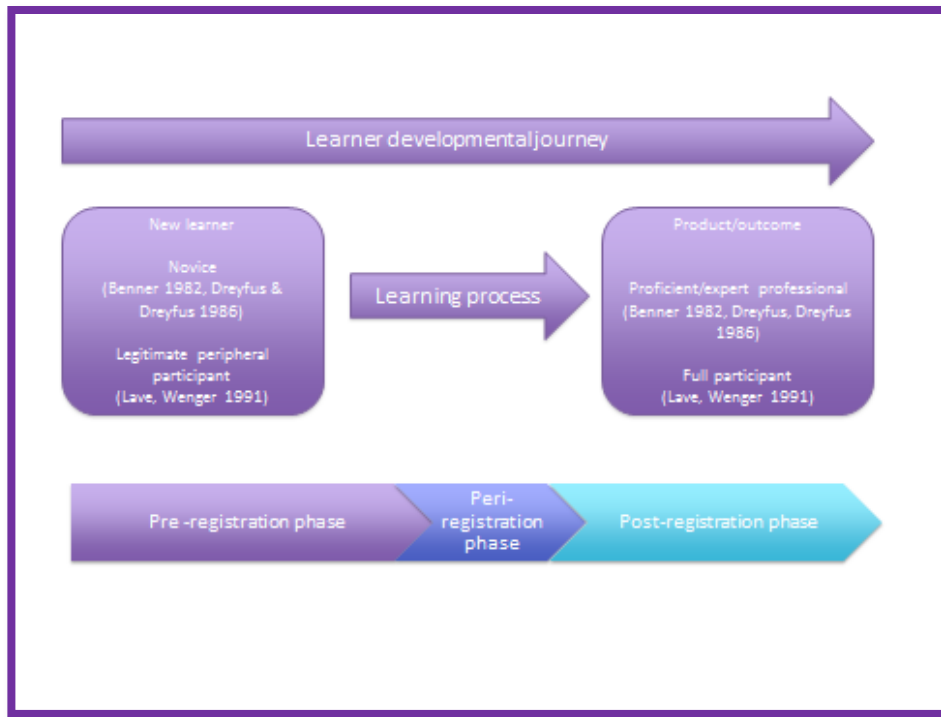


Figure 6 Developmental learning journey in nursing (figure B)

#### 1.7.4 Contextualising the community of practice

As described previously, Lave and Wenger (Lave, Wenger 1991) first conceptualised the community of practice while studying apprenticeship as a model of learning. Lave and Wenger's work takes apprenticeship from being merely a relationship between a student and a master to revealing it as a complex mesh of social relationships through which learning takes place. The term community of practice relates to the community that acts as a living curriculum for the apprentice. The social learning related to the master-apprentice relationship, in this original context, identified that the master and apprentice learned from and through each other. It also documented that the apprentices' interactions with each other, and the wider community, enabled successful learners to move from the edge or periphery of the community to full participation in its socio-cultural practices. This in turn resulted in apprentices forming an identity with the community and then becoming the

new masters (Le May 2009). As Lave and Wenger (Lave, Wenger 1991) highlight, in this early context, successful learning in the community of practice was defined not only by the mastery of skills and gaining of new knowledge but by becoming part of the community and eventually gaining a greater sense of identity as a participant in it.

Building on this work, Wenger (Wenger 1998) conceptualised a social theory of learning predicated on a consistent set of general principles and recommendations for understanding and enabling learning. Distinguishing that learning is basically a social phenomenon, Wenger's theory is founded on four key principles: we are social beings; knowledge is a matter of competence with respect to valued enterprises; knowing is a matter of participating in the pursuit of such enterprises, that is, of active engagement in the world; and meaning – our ability to experience the world and our engagement with it as meaningful – is ultimately what learning is intended to produce. Wenger purports that a social theory of learning must integrate the components necessary to characterise social participation as a process of learning and of knowing, and presents an inventory of these components, as represented in figure 7.

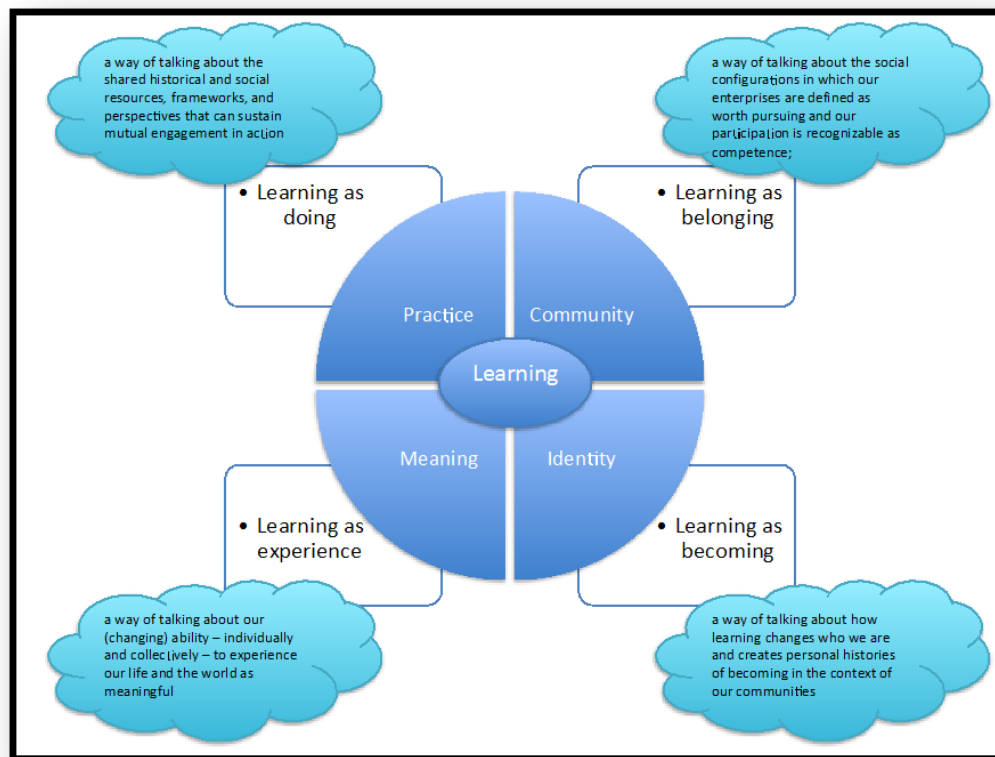


Figure 7 Representation of components of a social theory of learning: an initial inventory (Wenger 1998)

More recent discourse associated with communities of practice relates to them as being:

*Groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. (Wenger 2006, p. 1)*

Wenger is keen to note that:

*This definition allows for, but does not assume, intentionality: learning can be the reason the community comes together or an incidental outcome of member's interactions. Not everything called a community is a community of practice. A neighbourhood for instance, is often called a community, but is usually not a community of practice. (Wenger 2006, p.1)*

Wenger (Wenger 1998) and others (Le May 2009) describe how communities of practice have been used to develop and share knowledge and best practice across a community of practitioners. Thus the term community of practice can be defined in the context of supporting the learning and development of 'newcomers' or as a mechanism for managing and developing knowledge and practice across a community of practitioners. The community of practice is considered, in the context of this study, in relation to supporting the learning and development of the novice or student nurse.

The student nurse is situated within the community of practice as a legitimate peripheral participant. However, it is important to note that the student does not become a legitimate peripheral participant by merely being situated or placed in it. Legitimacy in this context is aligned to 'belonging'. The learner needs to participate in authentic activity and, even though not yet a full participant, must be recognised as a 'legitimate' part of the community. Figure 8 shows my representation of the learner's developmental journey conceptualised within the community of practice. The novice or newcomer is seen as a legitimate peripheral participant in the community of practice, progressing gradually towards the centre to become a full participant or registered nurse.



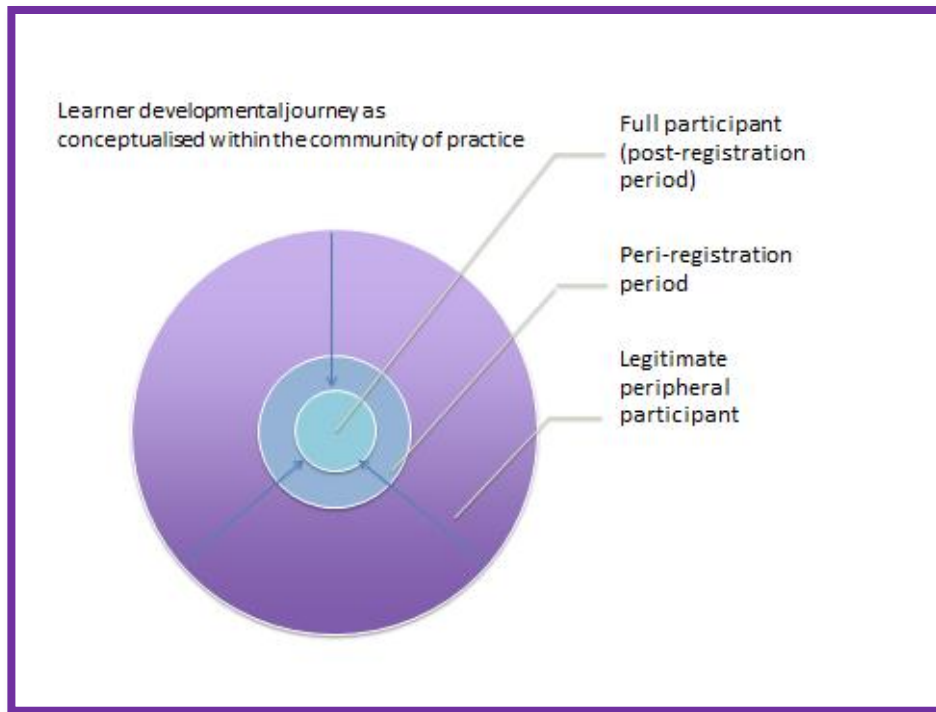
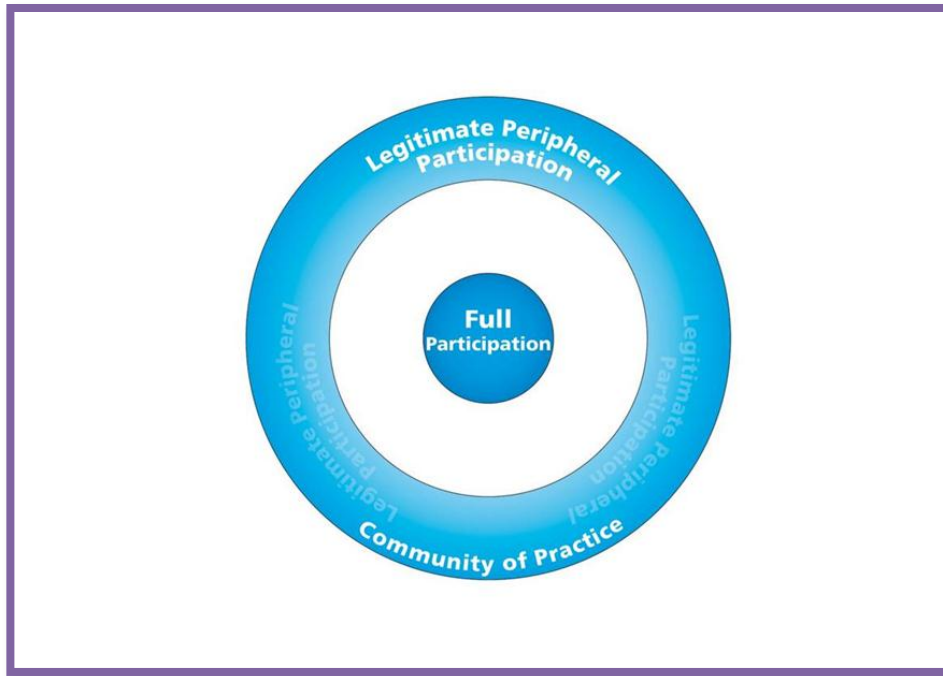


Figure 8 The learner's developmental journey as conceptualised within the community of practice – K Jones

It is important to note again here Lave and Wenger's resistance to represent full participation as a defined point in this way. In view of this, figure 9 was used as a framework for situating learners, and thus their needs, in the community of practice. The rationale for this was that the learner cannot progress to become a full participant in the community of practice unless they meet the regulatory requirements and have the professional nursing attributes required to be fit to practise. As such, for this work, full participation in the community of practice can be clearly defined as the point of professional registration.



**Figure 9 Framework for situating the needs of learners within the community of practice**

The notion of the community of practice as a configuration for learning, in which the community supports progression of the newcomer through to full participation, was considered to aptly align to the aim of practice placements in pre-registration nurse education. As such this concept was selected as a conceptual space in which to structure the development of a new model of support. In the context of this study, the 'practice community' is constructed as a community of practice in which the components of social participation in learning (community, identity, meaning and practice), enable it to be a configuration for learning. Wenger recognises that we may belong to more than one community of practice at the same time and such communities may be considered at a macro or micro level. It is thus important to define the boundaries of how the concept of communities of practice has been used within this study. The community of practice in this context has been used as it relates to the community of clinical nursing practice within practice placement environments in the

acute hospital setting. The use of the 'community of practice' concept as a framework for modelling student nurse support in this study will be explored further in chapter 2 and 3.

### **1.7.5 Summary**

It has been identified that practice placement learning takes place within the complex and fast-paced clinical working environment. Without specific support to scaffold and facilitate appropriate modelling, it may be challenging for the novice to transfer or gain the new knowledge required for them to progress and develop. Ensuring that practice placements support effective learning and development is essential. The community of practice concept provides an apt framework or 'conceptual space' within which to explore and model student nurse support during the practice placement and, as such, was selected as the starting framework for this work.

### **1.8 Chapter summary**

This chapter has provided the background to this study and has described the initial work undertaken to develop the study aims and objectives and the selection of a pedagogical theoretical framework for the work.

From the regional evaluation of practice placement support roles and the review of national literature on new support roles, the concept of non-optimal strategic fit was proposed. Local stakeholders wanted to remodel support for student nurses during practice placements to improve strategic fit. To do this, the support needs of students during practice placements needed to be identified. Once

these needs were defined, a new model of support would be developed to explicitly address these needs.

In order to do this work, a pedagogical theoretical framework was selected to provide a foundation on which a new model of support could be structured. This framework situates the student nurse as a legitimate peripheral participant within the community of practice. In the context of Wenger's theory of social learning (Wenger 1998), the student is supported to progress and develop to become a full participant in the community or, in this case, to become a registered nurse. In relation to the provision of such support within a workplace environment Eraut highlights the need for further studies:

*Not only has little thought been given to the kind of support needed for this kind of learning, but there is rarely clarity about who is responsible for providing it. (Eraut 2008, p. 15)*

The implementation of a new model of support required the engagement of all relevant regional stakeholders because any new model of support needed to be culturally and organisationally acceptable to them. In selecting a research approach for this study, I needed to ensure that the methodology was flexible enough to adapt to this context. The following chapter will explore the study design and approaches selected to address the study aim and objectives.

## Chapter 2: Research design

### 2.1 Introduction

This chapter explores the rationale for the selected research approach and outlines the design for the study. The chapter will provide the reader with an overview of the methodological approach selected, as well as the associated methods and approaches used to secure methodological rigour, validity and legitimacy.

### 2.2 Study purpose

As described in the previous chapter, this study had both action (change) and research aims. The broad aim of the study was to investigate and address the multifarious support needs of student nurses undertaking situated learning during practice placements within Black Country Acute NHS Trusts.

To achieve this aim, specific study objectives were defined as presented again below:

- To isolate consensus and divergence in respect of stakeholder perceptions of the support needs of student nurses during practice placements (national and local)
- To investigate and identify the outcomes of current structures, systems and processes that support student nurses during practice placements
- To compare and contrast identified needs with contemporaneous outcomes to identify current deficits in support

- To generate a theory-based model for practice placement support that is commensurate with the contemporary needs of student nurses
- To assess the validity and applicability of the emerging constituent model

When considering the most appropriate methodological approach for this research, I recognised that I could have achieved many of the study objectives through the application of qualitative methodologies. For example ethnography could have provided a culture-centred analysis of existing student support models, and a phenomenological approach could have explored the ‘lived experiences’ of the study population to construct an enhanced theoretical model of student support (Bresler 1995). However, the action research paradigm offered the advantage of having a close integration between practice, theory and change, involving intervention during data collection and as a central objective of the research (Bresler 1995). The paradigm’s philosophical tenets closely aligned with the aims and objectives of the study, and as such I selected action research as the methodological framework for this work (Susman, Evered 1978). An initial outline of the approaches used to address the study objectives is provided in Table 4.

Table 4 Outline of methods used to address each research objective

Outline of methods used to address each research objective in the study	
<b>To isolate consensus and divergence in respect of stakeholder perceptions of the support needs of student nurses during practice placements (national and local)</b>	<ul style="list-style-type: none"> <li>• Two-stage Delphi technique</li> </ul>
<b>To investigate and identify the outcomes of current structures, systems and processes that support student nurses during practice placements</b>	<ul style="list-style-type: none"> <li>• Initial background and literature review</li> <li>• Two-stage Delphi technique</li> </ul>
<b>To compare and contrast identified needs with contemporaneous outcomes to identify current deficits in support</b>	<ul style="list-style-type: none"> <li>• 'Ideal model' of support conceptualised using soft systems conventions</li> <li>• 'Ideal model' compared with Delphi findings and existing body of literature</li> </ul>
<b>To generate a theory-based model for practice placement support that is commensurate with the contemporary needs of student nurses</b>  <b>To assess the validity and applicability of the emerging constituent model</b>	<ul style="list-style-type: none"> <li>• Modelling framework and tool developed from the conceptualised 'ideal model'</li> <li>• Adapted consensus conference approach used to validate and pilot modelling framework and tool with education stakeholders in two separate localities</li> <li>• Study findings presented to a convenience sample of national stakeholders and electronic anonymous voting handsets used to assess level of validity and transferability</li> </ul>

## **2.3 Rationale for selecting action research and Dick's 1993 methodological framework**

The study, within the context of strategic management, aimed to develop and embed new ways of working in relation to supporting the needs of student nurses during practice placements. Action research within this context procures both the action (change) and research outcomes desired.

### **2.3.1 Ontology, epistemology and methodology; key considerations**

When initially considering my approach to research for this project, I considered myself very much part of the community being studied because I was working collaboratively with stakeholders to secure ongoing enhancement of the student experience and the programme outcomes. I thus recognised early in the research planning process that I had to consider my role as an 'insider' rather as a traditional 'outside observer' in relation to the community being studied (see page 27). I considered that such an ontological perspective might cause conflict in managing the level of researcher objectivity required in most forms of scientific enquiry. My role in this project involved working with stakeholders to seek a solution to a problem that was politically, culturally and organisationally acceptable to the multiple stakeholders involved. As such, I felt the approach to research needed to be participative. In this way, rather than observing others and offering descriptions and explanations for what they were doing, I would be offering descriptions and explanations for how we, as a stakeholder group, were involved in mutual influential relationships (Whitehead, McNiff 2006), and from these insights could co-produce actions that were aligned to shared values and objectives.



The needs of this project were twofold: to explicate the needs of students during practice placements and to construct a new model of support to pilot within a regional and local context. This project thus required rigorous research and change management methodologies. The key challenge in this project was to deliver a solution that would be acceptable to all stakeholders involved in the implementation of change, as they may well have differing values and perspectives. As previously discussed stakeholders in this context included policy-makers and those from higher education, health service providers and healthcare education commissioning organisations. As Jean McNiff (McNiff 2002) highlights, it is not unusual for values systems to be in conflict, and often these differing values inhibit problem solving and effective change management. Action research enables values to be used as a starting point for finding ways of overcoming the contradiction so that stakeholders might work more fully in the direction of shared values and mutual service and business needs.

Recognising that a participatory approach was required, the paradigm of action research was considered. Action research signifies an epistemology that underpins the belief that knowledge is embedded in social relationships and is most influential when produced collaboratively through action (Hawkins 2007). In this approach, rather than doing research 'on' others, it engages participants in a collaborative way to examine their own understandings and values and the manner in which they construct themselves and their practice within their social environment. It encourages them to critically reflect on how current knowledge and structures limit their actions or performance, co-constructing new knowledge and using this to inform action for improvement (Hawkins 2007).

This approach aligns empirically with good leadership and management practice. The presence of leaders who engage with others using collaborative approaches to problem solving and decision

making has been shown to be a significant predictor of organisational performance (Alimo-Metcalfe, Alban-Metcalfe et al. 2008). There is an explicit link between engagement (shared leadership), team effectiveness and successful change management (Pearce, Sims et al. 2002). Such philosophical underpinnings are influential in my preferred management and leadership style. In considering my personal belief frame from an ontological, epistemological and leadership perspective, the action research paradigm provided an aligned and integrated approach.

### 2.3.2 Developing an evidence-based change proposal: the action research paradigm

Although it is somewhat lengthy, Waterman et al. (Waterman, De Koning 2001), in their extensive systematic review of action research, provide what I feel is the most comprehensive definition of action research:

*Action research is a period of enquiry, which describes, interprets and explains social situations while executing a change intervention aimed at improvement and involvement. It is problem-focused, context-specific and future-oriented. Action research is a group activity with an explicit critical value basis and is founded on a partnership between action researchers and participants, all of whom are involved in the change process. The participatory process is educative and empowering, involving a dynamic approach in which problem identification, planning, action and evaluation are interlinked. Knowledge may be advanced through reflection and research, and qualitative and quantitative research methods may be employed to collect data. Different types of knowledge may be produced by action research, including*

*practical and propositional. Theory may be generated and refined, and its general application explored through the cycles of the action research process.* (Waterman, De Koning 2001, p. 11)

Furthermore, they identify from the literature two criteria fundamental to action research: the cyclical process of action research, which involves assessment, planning and action; and evaluation and a research partnership that encourages participation (Waterman, De Koning 2001). This was a key consideration in selecting an action research approach for this study.

Action research is known by a variety of appellations, including participatory research, collaborative inquiry and emancipatory research (Richardson 2001). The roots of action research are attributed to social psychologist Kurt Lewin who, in the 1940s, challenged existing orthodoxy in relation to the role of social scientists as objective observers of human affairs (Burns 2000). Lewin argued that in order to understand and change social practices, social scientists had to include practitioners from the real social world in all phases of inquiry (McKernan 1991). Action research for Lewin involved the discussion of problems within a group. His action research model required the active participation of those who were in the situation being studied in investigating the problems they themselves had identified. After investigation of these problems, the group makes decisions in relation to making a change and then monitors the outcome of the change (Adelman 1993).

Lewin described action research as a spiral process with iterative steps involving planning, evaluation and action. His model was focused on two major phases: diagnostic, in which problems are analysed

and hypotheses developed; and therapeutic, in which hypotheses are tested by a consciously directed change experiment in a real social situation (Burns 2000). Action research in its original form was built on the assumption that practice can be shaped to reflect the structural properties of theory; however, today it is recognised that this relationship reflects one of interdependence and mutual influence that must be grounded in discourse (Reason, Bradbury 2006).

Lewin's original model has been methodologically developed and fashioned over the past 60 years. However, three common features remain: the action research project is focused on a social practice predisposed for improvement; the project advances through a spiral of cycles of planning, acting, observing and reflecting, with each of these activities being systematically and critically implemented and interrelated; and the project involves those responsible for the practice in each of the moments of the activity, widening participation in the project gradually to include others affected by the practice and maintaining collaborative control of the process (Grundy, Kemmis 1981). Action research is thus enacted on the premise that, as well as achieving practical outcomes, it will also create new forms of understanding, recognising that action without reflection and understanding is thwarted, just as theory without action is insignificant (Reason, Bradbury 2006).

Action research is a method for yielding simultaneous action and research outcomes. It is able to do this because it adapts to the situation. To achieve adequate rigour it does this within a reflective spiral. Each turn of the spiral integrates theory and practice, and understanding and action, which informs the next cycle (Dick 1993). In action research, the researcher works with the research participants, addressing the problem under study and systematically ensuring that any intervention is informed by theoretical considerations. Much of the researcher's effort is focused on refining the

methodological tools to suit the exigencies of the situation and on collecting, analysing and presenting data on an ongoing, cyclical basis (Richardson 2001). Therefore action research is more applicable than mainstream research methods to situations requiring responsiveness, flexibility and action (Dick 1993).

The primary purpose of most scientific enquiry is to establish new generalisations that are stated as observed uniformities, explanatory principles or scientific laws. However, in action research the primary purpose is not immediately concerned with adding more truth to the body of knowledge that appears in the literature. The action researcher is interested in the improvement of the practices in which they are engaged (Burns 2000). This said, action research has to be valid if it is to be a credible paradigm. To achieve this, Burns (Burns 2000) describes that the final stage of the action research process involves the interpretation of the data and an overall evaluation of the project, often by writing a case study. The model of explanation in a case study is naturalistic rather than formalistic, and relationships are 'illuminated' by concrete description rather than by formal statements of causal laws and statistical correlations. As previously identified, it is important to ensure that rigour is achieved through methodological design and the application of appropriate tools and techniques during the process.

In 1996, Hart and Bond (Hart, Bond 1996) developed an original action research typology based on three key criteria of action research: re-education; problem focus; and improvement and involvement. They related these three criteria to four broad types of action research: experimental; organisational; professionalising and empowering (Table 5). They applied this typology when analysing three different action research studies focused on improving standards of nursing care in

hospitals. Hart and Bond identified that because action research is context sensitive, each of the projects analysed contained elements of different types of action research which they recognised could at times be in conflict. For example using a professionalising approach, where practitioners are given the ability to control the work environment, may be in conflict with an organisational approach which would be more inclined to seek organisational consensus and control over implementing more generic working practices. Recognising the dynamic nature of the paradigm, and the impact of conflicting approaches, the typology was developed specifically to facilitate the use of action research as applied by practitioners in health and social care.

The typology supports identification of the characteristics of four broad approaches that have emerged from experimental research, organisational consultancy, education, nursing and community development. Hart and Bond stress that the types are 'ideal' and do not fit any project exactly as in reality they may overlap. The typology provides a way to measure the general approach of any project and to assess if its direction is more towards the experimental or the empowering side of the typology. They describe how the direction of any project will largely depend upon implicit agendas that often turn out to be driving forces. They suggest using the typology to identify or anticipate the impact of different interests.

Table 5 Hart and Bond's typology framework

Consensus model of society → ← Conflict model of society				
Action research type	Experimental	Organisational	Professionalising	Empowering
Distinguishing criteria	<p>Framework for the typology: Hart and Bond Journal of Advanced Nursing. 23(1):152-159, January 1996</p>			
Educative base				
Problem focus				
Improvement and involvement				

In applying the typology to this study, it was important to recognise that criteria may have to be considered from across the continuum. To deliver both action and research outcomes, a range of approaches needed to be considered. For example to achieve scientific rigour an experimental approach needed to be taken. However, to secure engagement with any change initiative, a more emancipatory approach would need to be considered, enabling the staff involved to be at the centre of identifying the problem and modelling the solution. This said, the modelled solution would need to be aligned to the political and economic agenda or implementation would be thwarted and, as such, an organisational approach may need to be considered. In considering the potential impact of these differing approaches, I aimed to identify and apply a methodological framework that would be flexible enough to facilitate adopting a range of approaches to deliver the project outcomes.

My initial consideration was to select a methodological framework that would facilitate scientific rigour. It is recognised that rigour can be achieved in action research through using a cyclical approach, with each cycle involving data collection, interpretation, a literature search, the use, as far

as possible, of triangulation to validate each participant's perspective and the use of two or more sources of information, or dialectic, to confirm or disconfirm emerging assumptions (Dick 1993, Burns 2000). I appraised the range of approaches to seek out one that had strong and embedded cyclical and dialectical processes. However, as previously described, I also wanted to ensure that the selected framework would be flexible and facilitate adopting a range of approaches to deliver the project outcomes. The methodology selected as being most aligned to these objectives was Dick's (Dick 1993) adaptation of Checkland's soft systems methodology.

In this approach, Dick represents Checkland's (Checkland 1981, Checkland, Scholes 1990) soft systems methodology as a system of inquiry using a series of dialectics. For each dialectic the researcher alternates between two forms of activity, using one to refine the other. Figure 10 shows Checkland's soft systems methodology as represented by Dick as a system of inquiry using a series of numbered dialectics (Dick 1993).



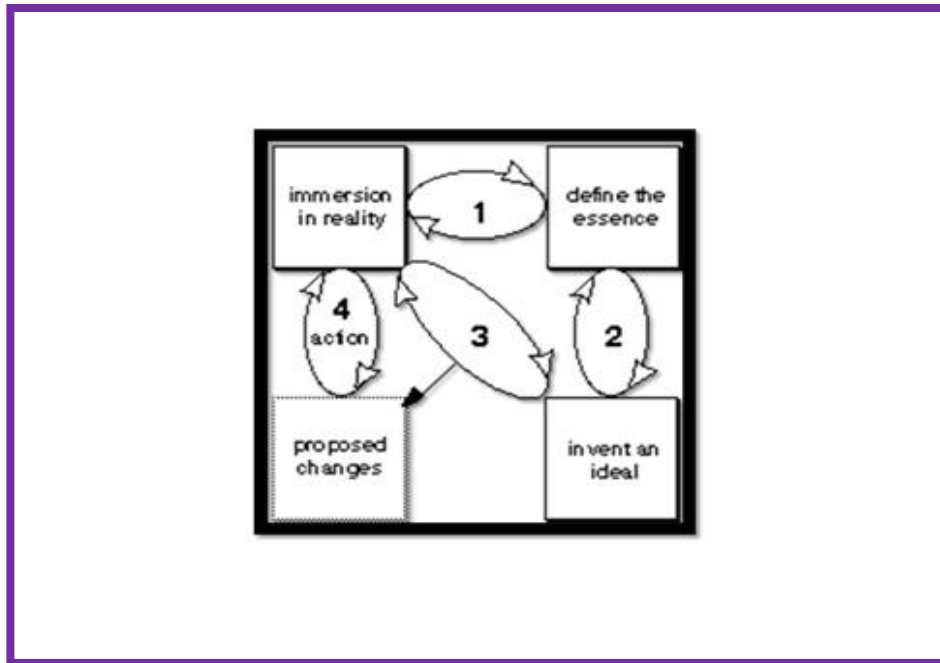


Figure 10 Dialectical enquiry using Checkland's systems methodology as a frame (reproduced with kind permission of Bob Dick 2012)

Dick describes each of these dialectics below:

1. *First you immerse yourself in the system, soaking up what is happening. From time to time you stand back from the situation. You reflect on your immersion, trying to make sense of it. At these points you might ask: what is the system achieving or trying to achieve? When you return to immersion you can check if your attributed meaning adequately captures the essentials. This continues until you are content with your description of the essential functions.*

2. *You then forget about reality, and work from your description of its essential functions. You devise the ideal system or systems to achieve the system's actual or intended achievements. Moving to and fro between essence and ideal, you eventually decide you have developed an effective way for the system to operate.*
3. *The third step is to compare ideal and actual. Comparisons may identify missing pieces of the ideal, or better ways of doing things. The better ways are added to a list of improvements.*
4. *Finally, the feasible and worthwhile improvements are acted on, forming the fourth dialectic.*

(Dick 1993, [on-line])

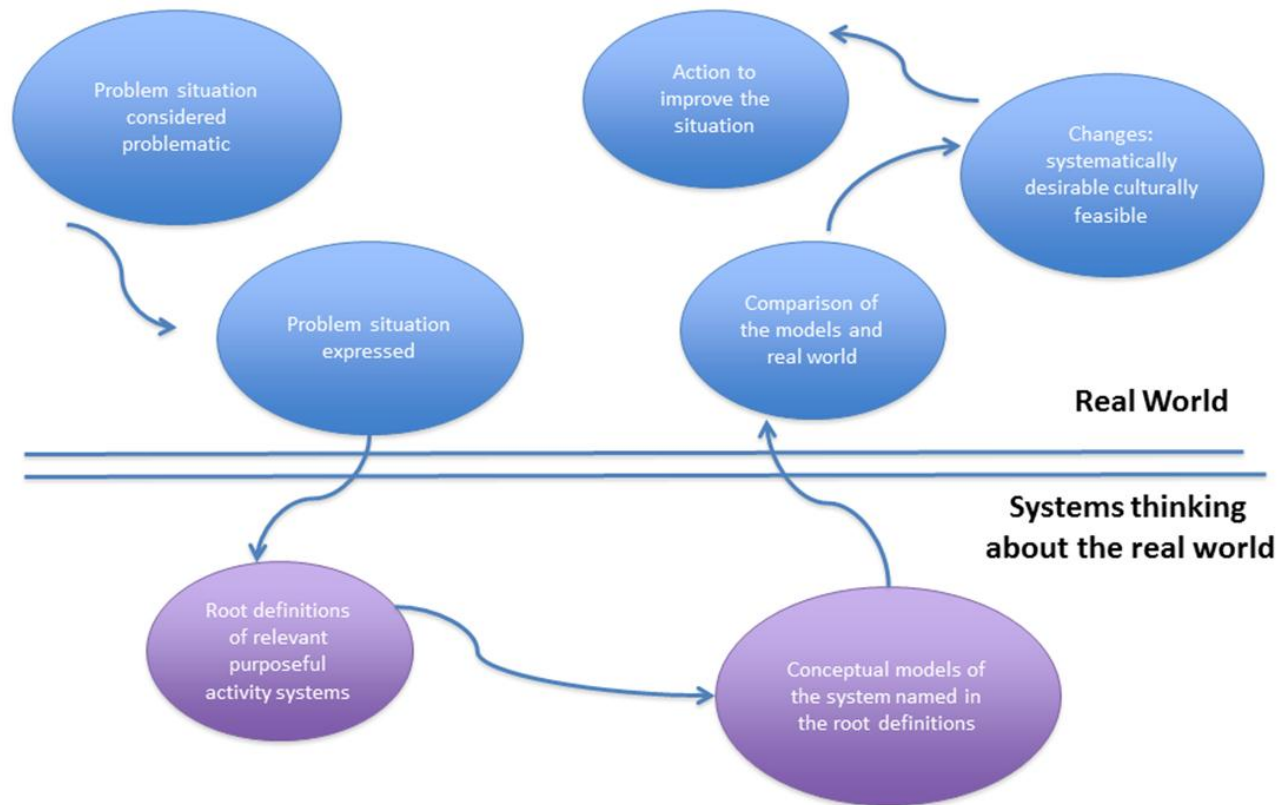
Soft systems methodology (SSM) was developed during the 1970s by Peter Checkland and colleagues at Lancaster University when seeking a new way of tackling the kind of problem situations which managers from all disciplines, and levels, face in their professional lives. Such issues were described as 'wicked problems' that are constantly moving and are subject to multiple interpretations. SSM is a systemic process of inquiry into problem situations in order to define and take 'action to improve' (Lancaster University 2012). SSM is primarily a learning system which seeks to solve problems in environments where there are potentially conflicting views. Learning changes the system since it broadens the participant's perspective on it; purposeful actions are then implemented to improve the

problem situation. As such, SSM is a process for managing change (Checkland 1981). In more recent years, soft systems methodology has been seen increasingly as a learning and meaning development tool. Although it develops models, the models are not supposed to denote the 'real world'; however, using systems rules and principles allows you to structure your thinking about the real world (Williams 2005).

At the heart of SSM is a comparison between the world as it is and some models of the world as it might be. Out of this comparison arise a better understanding of the world (research) and some ideas for improvement (action) (Williams 2005). SSM was originally described as a seven-stage process (Checkland 1981) that included: identifying the problematic situation; researching the situation and building a 'rich picture' of it; selecting perspectives and building 'root definitions' or key processes that needed to take place within the desired system; developing a conceptual model of the change system; comparing the model with the real-world situation; defining the changes to be implemented; and taking action (figure 11 shows this seven-stage process). The interrelationship between Checkland's seven-stage process and Dick's adapted framework will be explored further in the following section of this chapter.

Dick's (Dick 1993) adaptation of Checkland's (Checkland 1981) methodological framework provides a rigorous approach, focused on dialectics, for facilitating a cooperative enquiry. Dick's model secures rigour through its cyclical approach, with each cycle using data collection, interpretation and literature review. Each dialectic in Dick's framework draws upon two or more sources of information to confirm or disconfirm emerging assumptions. It is also flexible enough to ensure that the research results are realistically oriented and applicable to context and the community studied (Burns 2000).

Figure 11 Checkland's 7 stage process



Classic soft systems inquiry (Checkland 1981)

## 2.4 Study design

For this study I used a phased and consequently iterative approach aligned to the four dialectics in Dick's (Dick 1993) approach (figure 10). To ensure that this framework was followed rigorously both Dick's (Dick 1993) and Checkland's (Checkland 1981) seven-stage framework were mapped together and research methods selected aligned to these. As the design is complex and has multiple phases, a high-level summary of the methodological framework and methods is provided in Table 6. An overview of how Checkland's seven-stage process was applied in this study can also be seen in figure 17, on page 164).

### High-level overview of methodological framework and methods

- Methodological framework (Dick 1993)
- Application of Checkland's soft systems methodology as suggested by Williams (2005)
- Bob Dick's (1993) reframe of soft systems methodology, represented as a system of enquiry using dialectics

There are four stages, one for each dialectic.

The use of systems concepts in defining the essence and the ideal convert this inquiry system into a soft systems approach.

In systems terminology the essence becomes the necessary functions for system transformation. Checkland calls them root definitions. To check that they are adequate he proposes using a CATWOE analysis (Customers/Actors/Transformation (that is, of system inputs into outputs)/Weltanschauung (or world view)/Owners/Environmental constraints).

The ideal, too, is conceived of in systems terms by devising an ideal way of transforming the inputs into outputs. Systems models help to suggest ways in which the different goals of the studied system can be achieved.

Table 6 Overview of research design

Dick's 4 dialectics	Checkland's 7-stage process	Action required	Methods used
1. First you immerse yourself in the system, soaking up what is happening. From time to time you stand back from the situation. You reflect on your immersion, trying to make sense of it. At these points you might ask: what is the system achieving or trying to achieve?	1. Problem situation considered problematic.	Brief description.	Background cause for concern is described through the original evaluation undertaken (chapter 1).
	2. Firstly the situation needs to be expressed in all its <i>richness</i> .	Consider structures; processes; climate; people; issues expressed by people; conflicts.	Overview of current structures for student support: <ul style="list-style-type: none"><li>• Brief overview of</li></ul>

Dick's 4 dialectics	Checkland's 7-stage process	Action required	Methods used
<p>When you return to immersion you can check if your attributed meaning adequately captures the essentials. This continues until you are content with your description of the essential functions.</p>			<p>current roles and literature review of new roles undertaken (chapter 1).</p> <ul style="list-style-type: none"> <li>• Identification of what the system was trying to achieve from a pedagogical perspective was identified through the selection of a pedagogical theoretical framework (chapter 1).</li> <li>• A two-stage Delphi technique was used to distil consensus amongst stakeholders in relation to defining student needs during practice placements.</li> </ul>
	3. Root definitions of relevant system formulated.	Develop Holons Holons are plausible, relevant, purposeful perspectives that can describe the real world activities (valid perspectives held by those affected by the	A Holon was developed from the rich picture provided by the Delphi.

Dick's 4 dialectics	Checkland's 7-stage process	Action required	Methods used
		situation and that will affect the relevance and success of any intervention). If these are not addressed then from some stakeholders' perspectives, the project has been a failure and they may even work against it working well.	Root definitions were formulated.
		CATWOE analysis.	A CATWOE analysis of the system was undertaken.
		Description of a possible system (for transformation).	Brief description of system transformation was developed.
2. You then forget about reality, and work from your description of its essential functions. You devise the ideal system or systems to achieve.	4. Develop the model.	<p>Draw up a conceptual model of the system using root definitions.</p> <p>Suggested evaluation questions in relation to developing the model :</p> <p>Does the diagram come wholly from the root definition and CATWOE and no other extraneous features and ideas are added as the rigour of the method depends on this?</p> <p>What are the minimum critical components needed to bring about the desired impact for</p>	<p>A conceptual model was derived from the Holon aligned to the selected pedagogical theoretical framework.</p> <p>The critical components for change were identified.</p> <p>Ideal model of support conceptualised using conceptual model of system transformation.</p>



Dick's 4 dialectics	Checkland's 7-stage process	Action required	Methods used
		each relevant perspective?	
3. The third step is to compare ideal and actual. Comparisons may identify missing pieces of the ideal or better ways of doing things. The better ways are added to a list of improvements.	5. The model is compared with reality, insights drawn from that comparison, and ideas for improvements are determined.	<p>The model is compared with reality, insights are drawn from that comparison, and ideas for improvements are determined.</p> <p><i>Checkland suggest trying to model the real world using the same structure as the conceptual model.</i></p>	<p>The conceptual model of 'the ideal' model of support was compared to reality through analysis of qualitative Delphi data and relevant literature.</p> <p>Wenger's theory of social learning was utilised as a framework for comparison in line with a selected pedagogical theoretical framework.</p> <p>A model for improvement was identified.</p>
4. Finally, the feasible and worthwhile improvements are acted on, forming the fourth dialectic.	6. Develop desirable and feasible interventions.	<p>Checkland suggests considering:</p> <p>"Owner" analysis. Who fundamentally has the authority to take action?</p> <p>"Social system analysis". How do the various roles, norms and values present in the real world is power expressed in the situation being studied ?</p>	<p>Owner, social and political analysis was undertaken.</p> <p>The conceptual 'ideal' model was used as a basis to develop a pragmatic modelling framework and tool to enable stakeholders to map student needs to locality specific roles and available resources.</p>
	7. Action to improve the situation.		A modelling framework and tool was validated and piloted in two localities. An adapted

Dick's 4 dialectics	Checkland's 7-stage process	Action required	Methods used
			<p>'consensus conference' approach was used, adopting a consensus process framework to develop an agreed integrated model of support in each locality.</p> <p>To further assess validity of the modelling framework, it was presented to a convenience sample of national education stakeholders at a national workshop. Participants were asked to assess the study validity using anonymous electronic voting handsets.</p>

## 2.4.1 Description and critique of methods used within each dialectic

### 2.4.1.1 Dialectic 1: immersion in reality and defining the essence

In line with Dick's description below for the first phase of this study, I needed to explore the reality of the study context in order to better understand what the system was trying to achieve in relation to student nurse support during practice placements.

*First you immerse yourself in the system, soaking up what is happening. From time to time you stand back from the situation. You reflect on your immersion, trying to make sense of it. At these points you might ask: what is the system achieving or trying to achieve? When you return to immersion you can check if your attributed meaning adequately captures the essentials. This continues until you are content with your description of the essential functions.*

(Dick 1993, [on-line])

This was achieved using three approaches, each providing a different 'window' on reality. I had personally been immersed in the system within my work role over the previous five-year period. This immersion was enriched by undertaking the regional evaluation outlined in chapter 1 (page 41). This provided a rich picture of the local problem situation. A second window on reality was achieved through undertaking the literature review in chapter 1 (page 53). Again, this provided rich insight into the problem areas in the current system.

The use of systems concepts in defining the essence and the ideal convert Dick's inquiry system into a soft systems approach (Williams 2005). Using systems conventions it was necessary to 'define the essence of the system'. In systems vocabulary the essence becomes the necessary functions (for system transformation) or root definitions. In systems methodology the starting point for developing root definitions is to identify holons from the rich picture obtained from immersion in reality. Holons are credible, relevant, purposeful perspectives that describe the real world activities; they constitute valid perspectives held by those affected by the situation. These perspectives will affect the relevance and effective implementation of any intervention. If these perspectives are not addressed then some stakeholders may consider the project a failure and even prevent it working well (Williams 2005). The development of root definitions and holons will be explored further on page 136. This concept aligns with the potential conflicts described in Hart and Bond's typology (Hart, Bond 1995). In order to ensure that such perspectives were contained within the initial rich picture generated from the immersion in reality, I needed to seek perspectives from the full range of stakeholders in relation to what the system was trying to achieve. I was fully aware that different stakeholder groups might have conflicting perspectives, and as such, I recognised the need to achieve consensus on defining what the needs of students are during practice placements.

There are three key research methods that facilitate achievement of consensus: nominal group technique; consensus conference; and the Delphi technique (Keeney, Hasson et al. 2011, Teijlingen, Pitchforth et al. 2006). Nominal group technique and consensus conferences bring groups together using structured techniques to distil consensus; however, the Delphi technique can be facilitated without the need for stakeholders to meet face to face. One of the key advantages of using a Delphi technique is that it preserves the anonymity of participants and, as such, is especially useful when the

group is made up of a diverse range of participants, particularly where the dynamics of the group would make it vulnerable to the effects of interplaying power relations. The objective of anonymity is to allow for the introduction and evaluation of ideas by eliminating some of the biases that normally occur in a face-to-face group meeting (Turoff, Hiltz 1996). I considered this important in the early stages of this study, as it was necessary to collect perspectives from a wide range of stakeholders, all of whom could be considered to have a different power and influence base. For example, the power base of a nurse director may be considered by the student to be greater than their own and therefore they may be anxious about challenging the nurse director's views. Equally, face-to-face meetings might increase the influence of social desirability bias (Fisher 1993). For example students or mentors may not want managers and HEI staff to know their perspectives if they feel they might be judged professionally or socially inappropriate. Because of this they may not disclose their true experiences or perspectives. Delphi offered the opportunity to provide a safe and anonymous environment to distil consensus from the full range of stakeholders, and would add specificity and rigour in defining the essence and inventing the ideal in this phase of the study.

As a means of achieving consensus the Delphi method has been widely used, and Keeney et al. (Keeney, Hasson et al. 2011) provide multiple examples of its use in nursing and health research when consensus was required across multiple stakeholder groups. In relation to a definition, Linstone and Turoff (Linstone, Turoff 1975) provide the following description:

*Delphi may be characterised as a method for structuring a group communication process, so that the process is effective in allowing a group of individuals, as a whole, to deal with [ a ] complex problem. (Linstone, Turoff 1975, p. 3)*

To facilitate such structured communication, it is commonly agreed that there will be: some feedback of individual contributions of information and knowledge; some assessment of the group judgement or view; some opportunity for individuals to revise views; and some degree of anonymity for the individual responses (Linstone, Turoff 1975) .The participants in a Delphi are commonly termed an expert panel (Mullen 2000).

The theoretical and methodological origins of the Delphi method go back to the 1950s and 1960s and the RAND Corporation, where Norman Dalkey and Olaf Helmer introduced the technique to assess the direction of long-range trends related to science and technology. The name Delphi was applied to the technique as a joke by members at RAND because of the techniques used in forecasting possible future developments. Turoff and Hiltz (Turoff, Hiltz 1996) describe how Helmer and Dalkey were never comfortable with this term as it conjured up something oracular, something vague and mystical, with multiple possible interpretations which would not inspire confidence in the technique.

Adler (Adler, Ziglio 1996) provides a contextual frame for situations where the application of the technique might be justifiably applied. This includes:

- *When the problem does not lend itself to precise analytical techniques but can benefit from subjective judgements on a collective basis*
- *When the problem at hand has no monitored history or adequate information on its present and future development*

- *When addressing the problem requires the exploration and assessment of numerous issues connected with various policy options, where the need for pooled judgement can be facilitated by judgemental techniques*

The use of the Delphi was applicable to this study in that there was a range of differing views and perspectives amongst stakeholders, all of which needed to be considered. The world view of the differing stakeholders depended upon how senior they were and which organisation they belonged to. I considered that the study would benefit from subjective judgements being made on a collective basis. The facilitation of pooled judgement was also considered an advantage in securing a practical and acceptable way forward.

Two seminal works on the Delphi method were published in the 1970s (Linstone, Turoff 1975, Delbecq, Van de Ven et al. 1975). At the same time, Sackman (Sackman 1975) posed the most critical methodological and theoretical questions in relation to the technique. His greatest challenge was to the scientific rigour of the method, particularly the generalisability of Delphi findings. Goldschmidt (Goldschmidt 1975) responded adequately to these criticisms in a well-researched and executed critique. Goldschmidt concedes that there have been many poor applications of the Delphi process, for example poorly designed and tested questionnaires. However, he highlights that there is an important conceptual distinction between evaluating a technique and evaluating the application of a technique. Linstone and Turoff (Linstone, Turoff 1975) claim that there is no reason why the technique should be less methodologically robust than other techniques such as interviews or case study analysis. Indeed, whilst Delphi is open to justified criticism, due to poorly applied techniques, criticisms that relate to other aspects of the technique, such as the use of expert opinion and lack of

random sampling in the 'polling' of experts, reflect a lack of understanding of what Delphi is (Helmer 1977).

Other authors (Mullen 2000, Critcher, Gladstone 1998) have identified that early critiques of Delphi reflect the wider debate surrounding the value of quantitative versus qualitative research. This is compounded by Delphi's hybrid epistemological roots. Critcher and Gladstone (Critcher, Gladstone 1998) concur that whilst the quantitative results achieved through Delphi sit it within the positivist tradition, the identification and resolution of the problem by the participants situate it close to constructivist positions. As Mullen (Mullen 2000) highlights, even though Delphi straddles the divide between qualitative and quantitative methodologies, many more recent criticisms of Delphi have been from the positivist critique.

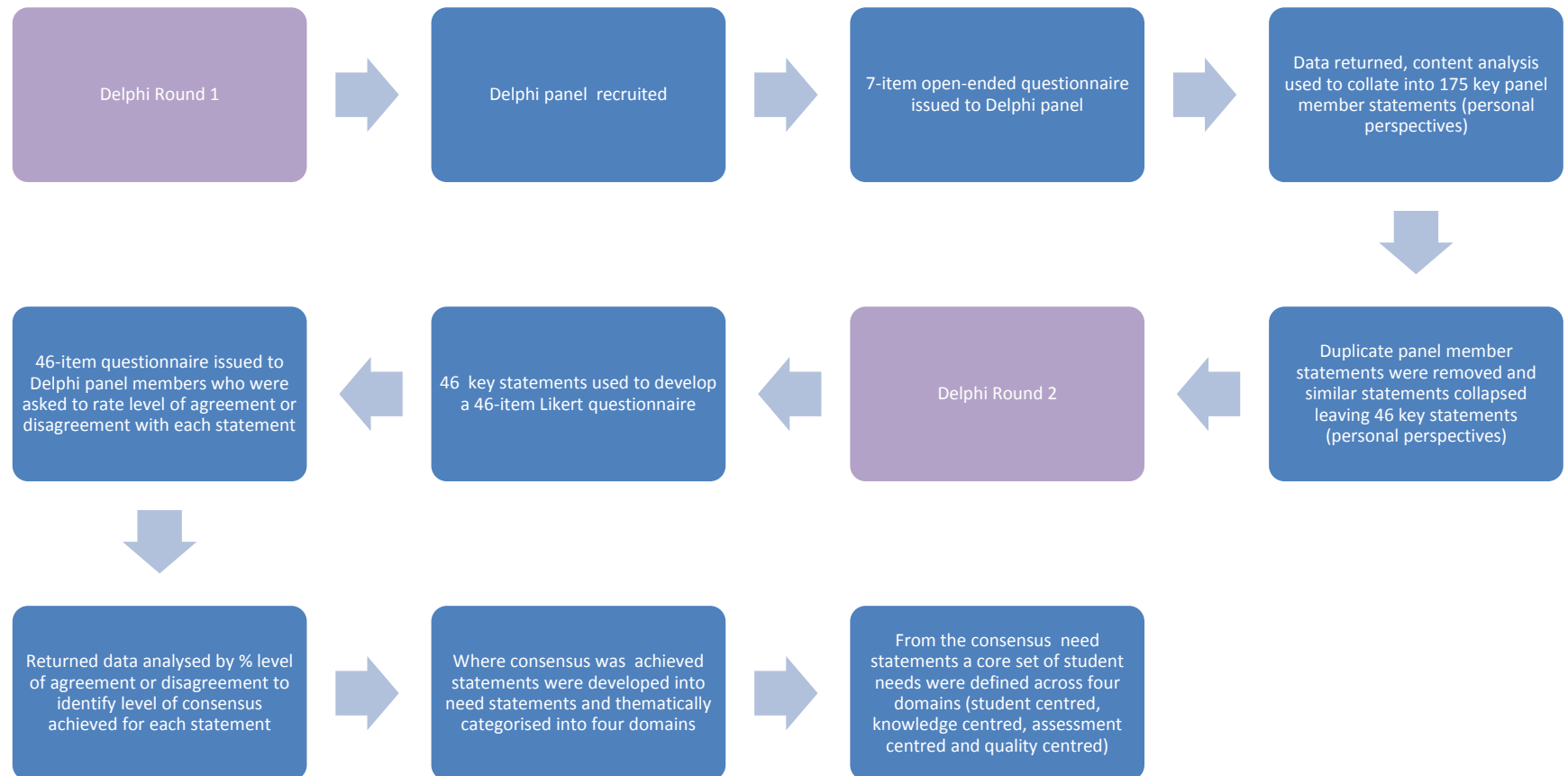
Informed judgement is central to the theoretical assumptions of the Delphi method. The methodological procedure used in the Delphi method are aimed at structuring and distilling a large amount of information for which there is some evidence, but not yet knowledge, in order to achieve and improve informed judgement and decision making (Dalkey 1968).

Linstone and Turoff (Linstone, Turoff 1975) highlight some of the more common reasons for compromising a Delphi. These include: imposing the monitor's view and perceptions of a problem upon the group; using Delphi as a substitute for other forms of communication; poor techniques for summarising and presenting the group response and ensuring common interpretations of the evaluation scales utilised in the exercise; ignoring and not responding to disagreements; and



underestimating the demanding nature of a Delphi and the fact that the respondents should be recognised as consultants. It is also important not to attempt to 'codify' or to make too explicit and restrictive a definition of a Delphi, as one design will not work for all applications, thus leaving the technique open to criticism (Linstone, Turoff 1975, Mullen 2000).

Dialectical processes frame data collection methods within this study. This was considered important as the results of the process were to be used to inform change. Unlike consensual processes, which identify and record agreements that already exist, dialectic processes focus on any emerging disagreements, which they seek to turn into agreements. Out of the dialectic between opposing views, greater understanding emerges. As previously discussed, this was important in this multi-stakeholder environment as any disagreement could compromise the implementation of any change. Delphi offered the opportunity to distil consensus amongst many stakeholders in relation to the support needs of student nurses, as well as to scope their views and perspectives. As such, a two-stage Delphi technique was used to collect data for this phase of the action research cycle. A high-level overview of the Delphi design is provided in figure 12.



**Figure 12 High-level overview of the Delphi design**

### ***Delphi design***

A classical Delphi uses an open-ended first round to facilitate opinion and uses three or more postal or electronic rounds to distil consensus (Keeney, Hasson et al. 2011). This study reflects a modified Delphi design with a classical open-ended first round but only one electronic round used to distil consensus. Only two rounds were required in relation to this research as the level of consensus achieved in round 2 enabled the study to progress to the next phase.

### ***The Delphi panel***

Whilst there is much debate regarding sampling for a Delphi panel, generally the utilisation of identified experts or informed advocates is preferred (Goodman 1987). There is no empirical evidence to link the effect of panel size and the reliability or validity of consensus processes (Murphy, Black et al. 1998), and Delphi does not call for experts (or informed advocates) to be representative samples for statistical purposes. As Powell (Powell 2003) summarises, representativeness should be assessed on the qualities of the expert panel rather than its numbers. With this in mind, and to preserve the heterogeneity of participants, I developed a purposive stakeholder sampling matrix to highlight the key stakeholders who needed to be represented on the panel. This resulted in a total of 21 participants being recruited onto the panel for the first round of the Delphi. I identified non-student panel members through regional and national networks. Response rates for Delphi can be low, and the literature suggests that it may be valuable to invest in an initial explanation of purpose and expected time commitment for the study so as to increase the chances of participation (Teijlingen, Pitchforth et al. 2006). Accordingly, a full verbal discussion took place with potential participants regarding the Delphi process, time commitment and their willingness to participate. Local student panel members were identified by the local HEI placement lead (in line with the sampling criteria

described below), and the national student panel members were identified by the Royal College of Nursing student adviser. The students were provided with a full information sheet and invited to formally express their interest in participating in the Delphi (appendix 1). Right to withdraw was supported at all times by the option of not returning the questionnaire. The right not to participate was also made explicit within each questionnaire.

### **Sampling criteria**

National and regional panel members were selected to participate from the key stakeholder population involved in pre-registration nurse education. The selection criteria for non-student panel members was that they must have role- and organisation-specific experience of supporting students during practice placements or in the quality assurance of pre-registration nursing practice placements. Students were selected to represent each year of the pre-registration programme, and both 18–21 year olds (those who had entered nursing programmes directly from education) and mature entry students (21 and over) were included. Representatives were recruited to the panel from the organisations and roles listed below:

- **Skills for Health** – *sector skills council and partner in the national quality assurance framework for healthcare education*
- **Nursing and Midwifery Council** – *the professional regulator for nursing*
- **Royal College of Nursing** – *union membership organisation for nurses*
- **Strategic Health Authority** – *the regional commissioners of education on behalf of NHS service provider organisations and responsible for contract-quality monitoring*
- **Service providers from local NHS Trusts**

- **Practice placement managers** – *employed by local NHS Trusts and responsible for the quality and capacity of practice placements*
- **Nurse executives** – *leaders and managers of nursing within local NHS Trusts*
- **Nurse mentors** – *employed by local NHS Trusts and responsible for teaching and assessing students during practice placements*
- **National and local university representatives**
  - **University practice placement leads** – *responsible for coordination and quality of practice placements for the school or faculty of nursing*
  - **Heads of division** – *curriculum leads for adult and child branch nursing programmes*
  - **Link lecturers** – *lecturers from the HEI with a link lecturer role for a practice placement area/s*
  - **Students** – *national and local students*

In round 2 of the Delphi, 5 students failed to return their responses, reducing the panel size to 16. However, students from each year of the pre-registration programme were still represented. No specific guidelines exist for the optimal response rate for Delphi studies, but there is a body of opinion that holds that a 70% response rate is necessary to maintain rigour (Keeney, Hasson et al. 2011). The panel return rate for round 2 of this study was 76.2%, which is above the level recommended to secure rigour. Full details of panel members for each round can be seen in Table 7.

Table 7 Delphi panel for each round; and codes

Representative Round 1 panel	Local/National	Code	Round 2 Panel
Practice placement manager	L	Non-student stakeholder	L
Practice placement manager	L	Non-student stakeholder	L
Nurse director x 1	L	Non-student stakeholder	L
Lecturer (adult branch)	L	Non-student stakeholder	L
Lecturers (child branch)	L	Non-student stakeholder	L
Principal lecturer (placements lead)	L	Non-student stakeholder	L
Education commissioner (SHA)	L	Non-student stakeholder	L
Mentor	L	Non-student stakeholder	L
NMC	N	Non-student stakeholder	N
RCN	N	Non-student stakeholder	N
Skills for Health (DH)	N	Non-student stakeholder	N
Lecturer	N	Non-student stakeholder	N
Lecturer	N	Non-student stakeholder	N
Students x 4 Y1 2 3 (2 under 21; 2 over 21)	L and N electronic	Student Q (question)	X3 2L/1N
Students x 4 Y1 and 2 (2 under 21; 2 over 21)	L from paper copy	Student F (year)	0
<b>Total 21</b>			<b>Total 16 (76.2%)</b>
<i>NOTE: 4 local students submitted round 1 questionnaire in hard copy form</i>			

### *Delphi process*

The first round of the Delphi allowed me to become 'immersed in reality' through the lived experiences of those on the expert panel and to seek a range of perspectives in relation to supporting the needs of students during practice placements. Round 2 then enabled the panel to achieve consensus in relation to the key support needs of students during clinical practice placements.

Keeney et al. (Keeney, Hasson et al. 2011) suggest that the concept of consensus can be considered as 'collective agreement', but go on to highlight that achieving consensus on an issue does not necessarily mean the correct answer has been identified. Equally, their critique of what constitutes consensus in statistical terms reveals the lack of agreement amongst scholars in relation to how this is defined. As described by Hsu and Sanford (Hsu, Sandford 2007), consensus can be decided when a percentage of agreement falls within a prescribed range. For this study, absolute (100%) or general consensus was identified. General consensus was defined as 93.75% agreement or more. This equates to no more than one panel member being in disagreement with others. I included this margin to allow for respondent error in reading the item statement.

### **Delphi Round 1**

A seven-item questionnaire was developed, and piloted on a sub-set of five participants, who were separate from the sample, to check for clarity and/or ambiguity. The questions were linked to the study objectives and were designed to define what the system was trying to achieve in terms of outcomes for student support during placements. The questions reflected the need to develop root definitions of the system as well as to create a rich picture of it. Following refinement, the

questionnaire was issued to participants by post or by email according to the individual's preference.

Round 1 questions were:

- In your opinion what does the term 'student support' mean when related to practice placements in the acute hospital setting?
- In terms of support what are the key needs of student nurses undertaking practice placements in the acute hospital setting?
- In your opinion what are the most common difficulties (if any) faced by students whilst undertaking practice placements in the acute hospital setting?
- In respect of the way students are currently supported during practice placements in the acute hospital setting, in your opinion what are the strengths of the system?
- In respect of the way students are currently supported during practice placements in the acute hospital setting what do you think are the weaknesses?
- In terms of student support in the acute hospital setting can you list any needs that are currently not always met?
- In your opinion what could be done to improve the support offered or provided to students during practice placements in the acute hospital setting?

The round 1 response rate was 100%. I analysed round 1 data using a process of content analysis as described by Keeney et al. (Keeney, Hasson et al. 2011). Statements from round 1 (175) were electronically collated and put into themes developed around similar statements. Statements that were very similar were then collapsed into one statement. In this case, wording was kept as true to one of the statements as possible. Duplicate statements were removed and unique statements were maintained as originally worded. A total of 46 statements were presented back to the panel in round 2. The content analysis was independently verified by a second researcher (my research supervisor) to enhance rigour and confirmability.



## **Delphi Round 2**

The 46 statements from round 1 were presented back to the panel as a Likert survey. A Likert scale is a psychometric scale used in all types of survey research, facilitating respondents to indicate their level of agreement with a statement (Keeney, Hasson et al. 2011). There are some criticisms of using Likert scales, because whilst they can indicate ordering of different people's attitudes, they cannot measure how close or far apart these attitudes are (Bowling 2004). This said, Keeney et al. (Keeney, Hasson et al. 2011) highlight that the Likert scale is appropriate for use with Delphi, as the technique is focused on agreement and consensus.

The Likert questionnaire was issued to participants using on-line survey software. The statements fell into two main categories, one related to 'what' are the support needs of students during practice placements. The second related to 'who' should be providing the support. Panel members were asked to rate their level of agreement or disagreement in relation to each statement in the survey. No neutral option was provided so as to elicit the extent of convergence and divergence of stakeholder opinion in all areas. Whilst there are varying opinions on the use of neutral response categories, generally it is recommended that the decision is made based on the researcher's context-specific judgement (Bowling 2004).

The total response rate from round 2 was 76.2%, with 16 of the original panel's 21 members responding. I sent electronic reminders to non-responders on two occasions. Results were analysed using descriptive statistics (percentages) based on level of agreement or disagreement with the item. The level of consensus achieved differed in relation to the statements indicating 'what' the needs of

students were and those related to 'who' should be supporting them. For the 'who' statements there was very little consensus amongst panel members. This will be discussed fully in chapter 4. The consensus 'what' statements were developed into statements of need and categorised into themes or 'domains of need'. The statements were then developed into a list of core student needs across four domains. A third round of the Delphi was not required, as consensus on the needs of students during practice placements was achieved in round 2.

### ***Developing the root definitions***

As previously discussed in systems methodology, the starting point for developing root definitions is to identify holons from the rich picture immersion in reality. As this project was being conducted at a strategic level, and because perspectives had been distilled through the Delphi, I developed a high-level holon from the data (see section 3.8, page 251). To check that the holon is adequate, Checkland (Checkland 1981) proposes using a CATWOE analysis. CATWOE represents the following areas that are considered when developing the holon:

- Customers – who benefit from the system
- Actors – who facilitate the transformation to these customers
- Transformation – from start to finish
- Weltanschauung – what gives the transformation some meaning
- Owners – to whom the system is answerable and/or who could cause it not to exist
- Environment – that influences but does not control the system

To define the root definitions, I conducted a CATWOE analysis. The outcome of this analysis is described in chapter 3, page 252. A description of a possible system (for transformation) taken from CATWOE analysis was established. In line with soft systems conventions, I developed a high-level conceptual model of the ideal system, using the root definitions that defined the activities necessary to carry out the system transformation; this model can be seen in figure 19 on page 253.

#### ***2.4.1.2 Dialectic 2: defining the essence and inventing the ideal***

As described in the previous section the next dialectic required working between ‘the essence’ and inventing the ideal.

*You then forget about reality, and work from your description of its essential functions. You devise the ideal system or systems to achieve the system’s actual or intended achievements. Moving to and fro between essence and ideal, you eventually decide you have developed an effective way for the system to operate. (Dick 1993, [on-line])*

#### **Development of a conceptual framework for a new model of support**

Having developed a high-level conceptual model of the system for transformation I then used this to develop a conceptual framework for a new ‘ideal’ model of support for student nurses during practice placements (this transition is shown in figure 23, page 257). Chapter 3 will provide a full description of the outcome of the modelling process undertaken to ‘define the essence’ and ‘invent the ideal’.

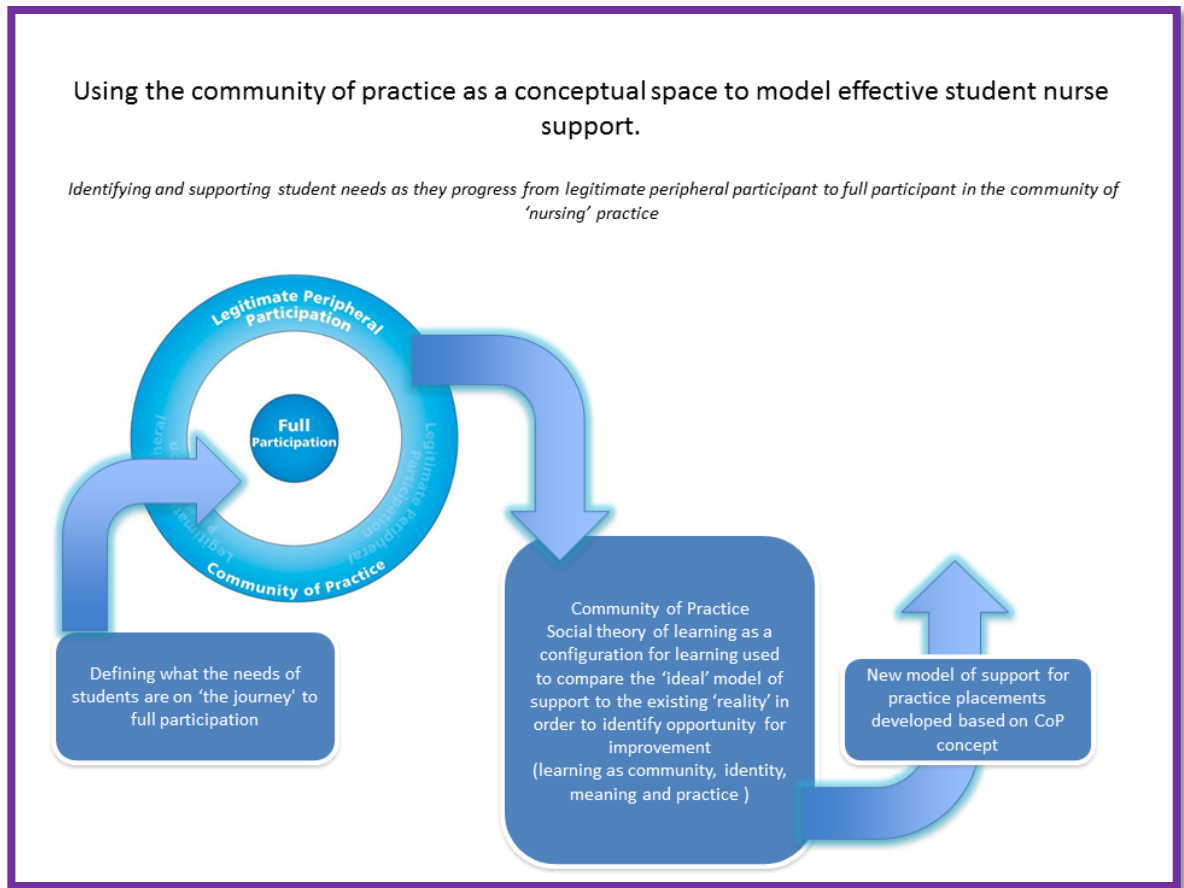
#### ***2.4.1.3 Dialectic 3: inventing the ideal and immersion in reality***

For the third dialectic, as described below, I compared the new 'ideal' model of support with existing model of support to identify opportunities for improvement.

*The third step is to compare ideal and actual. Comparisons may identify missing pieces of the ideal or better ways of doing things. The better ways are added to a list of improvements.*

(Dick 1993, [on-line])

In order to compare the 'ideal' with 'reality', I used the Delphi findings and correlating existing literature to compare the conceptualised ideal model of support with the existing model using Wenger's (Wenger 1998) components of the social theory of learning as a framework for analysis (as described in chapter 1, page 92). Figure 13 shows how the concept of a community of practice and associated social theory of learning were used as a framework for modelling student support in this study.



**Figure 13 Use of community of practice as a framework for the study**

The outcome of this analytical comparison was that there was a need to develop a more integrated model of support for student nurses during practice placements. The comparison supported the proposition of non-optimal strategic fit. As the level of resources available to support students was so variable, the conceptual framework was used as the basis for creating a modelling framework and tool. I designed the modelling framework and tool to be used by stakeholders to map the identified student needs to available resources or roles, thus creating an enhanced integrated model of support.

#### ***2.4.1.4 Dialectic 4: propose changes and action***

For the final phase of the study, I piloted the modelling framework and tool with groups of stakeholders in two localities.

*Finally, the feasible and worthwhile improvements are acted on, forming the*

*fourth dialectic.* (Dick 1993, [on-line])

To pilot the modelling framework and tool, I developed an adapted ‘consensus conference’ approach using a consensus process framework to develop an agreed integrated model of support in each locality. Consensus conferences have been used when agreement has to be reached on an issue. For the conference, a purposive sample of participants are invited to a venue and are presented with the issue and why achievement of consensus is required. This is usually followed by group work to discuss the issues. Eventually the groups come back together to vote or show their preference in relation to a decision on the issue (Keeney, Hasson et al. 2011). Keeney et al. (Keeney, Hasson et al. 2011) highlight that whilst the benefit of this approach is that it allows people to come together to be exposed to the same information and discuss an issue face to face, it is also problematic. Key challenges include cost, selection of the correct participants and the interplay of power relations and strong willed personalities. To mitigate these problems I decided to use an adapted consensus conference approach by facilitating two stakeholder workshops using a very structured consensus process framework.

The stakeholder events had two objectives: verification of Delphi round 1 and 2 findings, and identification of who, from existing roles, should be responsible for supporting each of the needs

identified within the emerging constituent model. I utilised a best-practice consensus process framework (Main Gov. 2009) to facilitate a mapping exercise. A consensus process framework enables representatives of all the necessary interests with a stake in an issue to work together to find a mutually acceptable solution (Sandelin 2008).

In this context, consensus setting is defined as: the parties have reached a meeting of minds sufficient to make a decision and carry it out; no one who could block or obstruct the decision or its implementation will exercise that power; and everyone who needs to support the decision and put it into effect will do so. This definition does not mean unanimity of thought or abandonment of values. Indeed, one of the characteristics of a well-constructed agreement is that it represents diverse values and interests. The resulting agreement is often an outcome with varying levels of enthusiasm and support for different components, but on balance one that each party or stakeholder can accept.

In a consensus process, the parties or stakeholders must define consensus for themselves and include their definition in the ground rules. Most definitions imply acceptance, an acknowledgment that things can move forward and that people support a decision. Each process differs because in each case the stakeholders design it to fit their circumstances. The Maine Government (Main Gov. 2009) recommends that consensus processes follow several guiding principles:

- Consensus decision making – participants make decisions by agreement rather than by majority vote;
- Inclusiveness – all necessary interests are represented or, as a minimum, approve of the discussions;

- Accountability – participants usually represent stakeholder groups or interests. They are accountable both to their constituents and to the process;
- Facilitation – an impartial facilitator accountable to all participants manages the process, ensures that ground rules are followed and helps maintain a productive climate for communication and problem solving;
- Flexibility – participants design a process and address the issues in a manner they determine most suited to the situation;
- Shared control – participants share responsibility for setting the ground rules for a process and for creating outcomes;
- Commitment to implementation – the sponsor and all stakeholder groups commit to carrying out their agreement.

I adhered to these principles when planning and conducting the stakeholder workshops as described in Table 8.



Table 8 Consensus process framework principles as used in stakeholder workshops

Consensus process framework principles as applied to stakeholder workshops	
Principle	Application within the study
<b>Consensus decision making</b> – participants make decisions by agreement rather than by majority vote.	A phased process used to seek small group views first, followed by discussion and debate where smaller groups did not agree. Full discussion of perspectives led to joint decision making.
<b>Inclusiveness</b> – all necessary interests are represented or, as a minimum, approve of the discussions.	All stakeholders were invited to the event. Attendees represented all stakeholders other than students.
<b>Accountability</b> – participants usually represent stakeholder groups or interests. They are accountable both to their constituents and to the process.	Accountability framework was presented as part of a ‘ground rules’ session at the start of the event.
<b>Facilitation</b> – an impartial facilitator accountable to all participants manages the process, ensures that ground rules are followed and helps maintain a productive climate for communication and problem solving.	<p>I acted as the facilitator, as at the time I was accountable to all participants and did not work in an HEI or an NHS service provider organisation even though I had experience in both sectors (see introductory chapter, page 30).</p> <p>To ensure my personal perspectives did not influence the mapping process, all groups self-managed the mapping exercises.</p> <p>To eliminate researcher bias the final mapping template was completed collectively by the groups. This ensured transparency of the outcome and validity in relation to group consensus on the final outcome.</p>
<b>Flexibility</b> – participants design a process and address the issues in a manner they determine most suitable to the situation.	Whilst there was a framework for the event, there was flexibility for stakeholders to suggest changes in the approach, for example how the groups might be formed. Participants validated the approach before

<p><b><i>Shared control – participants share responsibility for setting the ground rules for a process and for creating outcomes.</i></b></p>	<p>the activities commenced.</p> <p>Participants were given the opportunity to set the ground rules at the start of the session and agreed that they would develop the outcome in partnership.</p>
<p><b><i>Commitment to implementation – the sponsor and all stakeholder groups commit to carrying out their agreement.</i></b></p>	<p>Prior to the workshops, meetings were held with the local Trust managers and the deans of the relevant schools to seek agreement to pilot the model created once developed.</p>

## ***Stakeholder workshops design***

### *Sample and access*

I managed the stakeholder events consistently. For each event a purposive sample of participants were invited. It was important to ensure that all locality placement provider organisations and their partner HEI were invited to participate. A representative of the education commissioner, as the funding organisation, was also invited. In seeking to distil consensus on what roles should support particular student needs in a locality specific model, it was important to have the key post-holders represented. Being cognisant of Hart and Bond's (Hart, Bond 1996) action research typology where an entirely emancipatory approach is adopted in which the post-holders alone led the design of the locality model, may have had implications in relation to the post-holders' employing organisation. To mitigate this, senior managers from these organisations were invited to attend.

Students were not invited to this phase of the study. The rationale for this was that the mapping process could potentially involve working through some inter-organisational tensions. It was

considered that this may be a stressful situation for students and that, from a professional perspective, having students present may have inhibited HEI and placement provider staff from voicing contentious or personal perspectives. Not having students present is a recognised limitation of the sampling strategy. The introductory chapter, page 30, describes my role in facilitating these workshops and in particular how my 'insider' position as a researcher influenced my decision-making in relation to the participation of students in the events.

I developed a purposive list of organisations and post-holders and sent this to the locality specific HEI, which then issued invitations to local contacts on my behalf. The list of participants invited included:

**Local university staff**

- Lecturers
- Link lecturers
- Managers from the relevant school/faculty
- Clinical practice placement leads

**Placement provider staff**

- Mentors
- Practice placement managers/clinical placement facilitators
- Senior nurse managers

**Strategic Health Authority**

- Education quality leads

Table 9 shows list of actual attendees for each workshop. Representation was achieved from key organisations and roles in the purposive sampling list.

**Table 9 Stakeholder workshop participants**

<b>Attendees at stakeholder workshops</b>		
<b>Organisational group (grouped to preserve anonymity)</b>	<b>Locality 1</b>	<b>Locality 2</b>
<b>Service provider staff:</b> <ul style="list-style-type: none"> <li>• Practice placement managers/clinical placement facilitators</li> <li>• Senior nurse managers</li> <li>• Mentors</li> </ul>	11	5
<b>HEI staff :</b> <ul style="list-style-type: none"> <li>• Placement leads</li> <li>• Lecturers/link lecturers</li> <li>• Heads of division</li> </ul>	9	7
<b>Strategic Health Authority:</b> <ul style="list-style-type: none"> <li>• Education commissioner quality leads</li> </ul>	1	1
<b>TOTAL</b>	21	13

#### *Facilitation of the workshops*

A high-level overview of the workshop design is outlined in figure 14.



Figure 14 High-level overview of stakeholder workshop design

Within the best practice guidelines outlined, I facilitated two activities at the workshops. Firstly, the findings of phase 1 and 2 of the Delphi were presented to participants as a set of consensus needs for student support during practice placements. Participants were asked to review these consensus needs and identify whether they agreed or disagreed with any of the items. Any disagreement was the focus of further debate and discussion until consensus was reached in relation to inclusion of the particular need. Stakeholders were also provided with the opportunity to include any additional locality specific needs if there was consensus amongst the group that these should be included.

I asked the stakeholders to form into two groups: one HEI group and one service provider group. They were asked to consider each of the consensus needs and agree who should be responsible for supporting this need, choosing from the following five categories: HEI staff; mentor; practice placement manager; shared responsibility; or 'practice other' if the outcome did not naturally align to any existing role (figure 14a). The findings of the two groups were mapped together and any item where there was divergence of opinion was discussed and debated until general consensus was achieved.

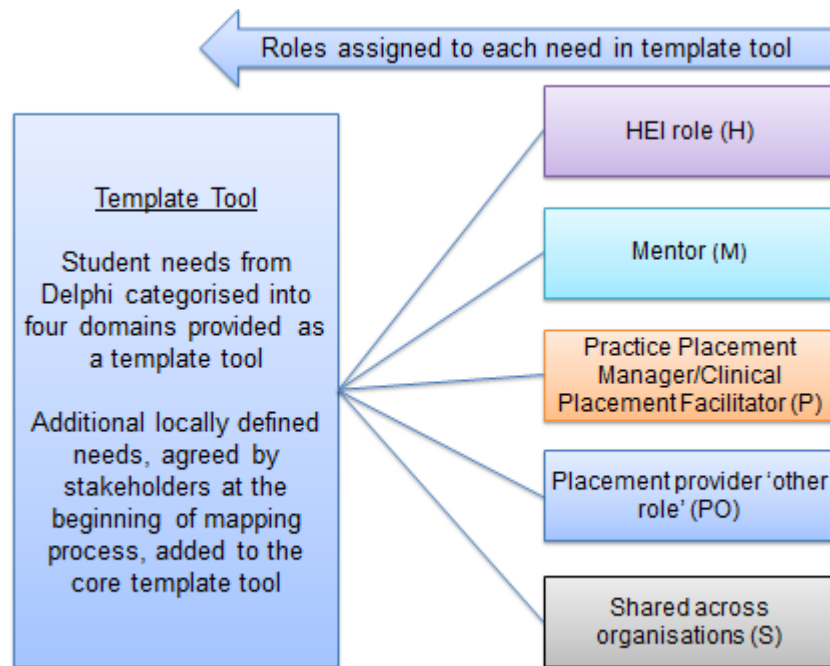


Figure 14a Domain outcomes mapped to support roles

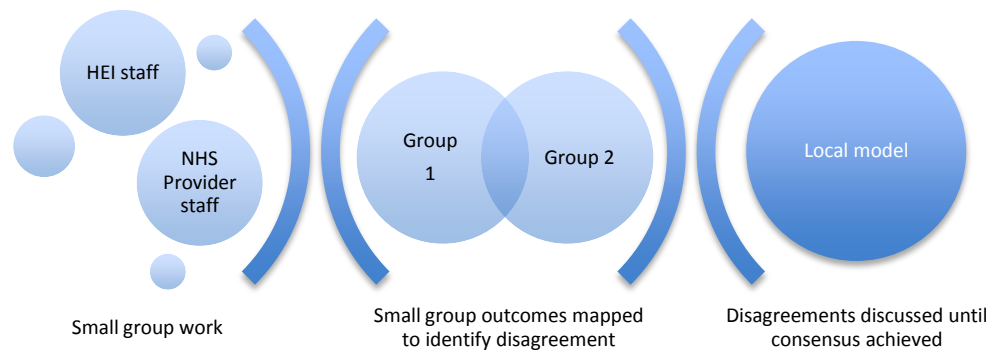
The step-by-step facilitation process I used for the workshops is described below:

#### Workshop consensus process framework

1. Introduction
2. Setting of ground rules
3. Aim of the workshop and commitment agreed
4. Presentation of Delphi findings and modelling framework
5. Opportunity to validate or disagree with findings
6. Opportunity to add local needs to core needs
7. Outcomes agreed
8. Small group work 1 x HEI 1 x service providers: map needs to roles

9. Small group outcomes mapped to identify areas of disagreement
10. Large group discussion to seek consensus on where outstanding needs are assigned
11. Final model presented as a set of role descriptors
12. Validated by whole group

Figure 15 below illustrates how consensus was achieved using the consensus process framework.



**Figure 15 Distilling consensus using a consensus process framework**

I used the outcomes of the mapping process to develop a set of role descriptors for post-holders across HEIs and service provider organisations. These were used as the basis for piloting a new model of support in their locality that addressed the full range of support needs developed from the Delphi.



### ***Testing external validity***

I presented the findings of the study to a national stakeholder group to establish the level of external validity and transferability of the modelling framework and tool. The forum used for this was a workshop held during a national nurse education conference. I presented the findings of the study to a convenience sample of stakeholders. Using anonymous voting handsets, I asked them to individually rate the level to which the findings reflected their own lived experiences of practice placement support for students. A diverse range of stakeholders was in attendance. A summary of the attendees is presented in Table 10.

**Table 10 Workshop attendees**

<b>1.) Which group do you represent?</b>	<b>Responses</b>	
Student	2	9.09%
Practice	4	18.18%
HEI	10	45.45%
Other	6	27.27%
<b>Totals</b>	<b>22</b>	<b>100%</b>

I asked attendees to clarify what the 'other' category represented; these included health service users (patients) and people working for other nursing organisations that represent nurses.

A high-level overview of the design of the workshop is shown in figure 16. Results of the voting were collated real-time by the voting system, providing results as descriptive statistics (percentages). I encouraged open discussion in relation to the results.

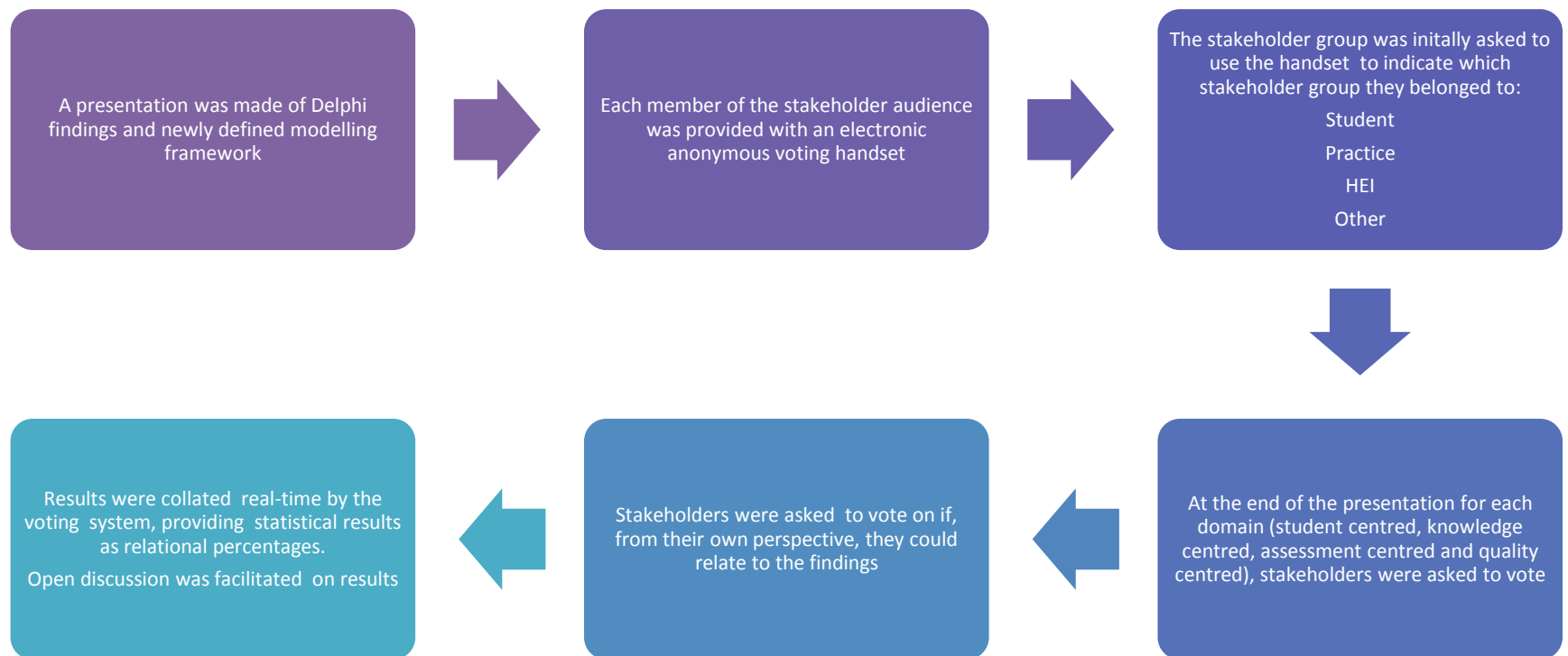


Figure 16 High-level overview of national stakeholder workshop design (validation purposes only)

### **2.4.2 Ethical considerations**

As staff for this study were drawn from various NHS organisations across the region, multi-site ethical approval was sought and approved from Wolverhampton, Walsall and Dudley (Black Country) Research Ethics Committee (appendix 2).

The right not to participate or to withdraw from the study at any time was upheld. Full information regarding the study was provided in the form of an information sheet that I issued with all invitations to participate. This was further supported by providing verbal information before each phase of the Delphi, allowing time within the protocol for participants to ask me questions related to the study. Informed consent was secured from all participants at each stage of the study.

I maintained confidentiality in this study by not divulging information to other personnel, except to those directly involved in the study such as the supervisory team. Such personnel were unable to link the data to the participants and the data were made anonymous by using codes on the Delphi questionnaires. Quotations I have used in the research have been assigned codes not participants' names. Data have been stored securely, and once the thesis has been examined they will be destroyed.

### **2.4.3 Trustworthiness, validity and legitimacy**

Validity is related to establishing the truth or trustworthiness of a claim to knowledge. Burns (Burns 2000) claims that action research can only possess internal validity, as it is a unique intervention in a specific context. The results, findings and recommendations can only have relevance for that unique

setting. External validity in action research may be challenging, as change is an integral part of the process. In this context, the work can be judged to be internally valid if the author demonstrates that the changes indicated by the analysis of a problem situation constitute an improvement to it. Such an account needs to contain both an analysis of the problem situation and an evaluation of the action steps undertaken. An account can be judged to be externally valid or transferable if the insights contained can be generalised beyond the situation studied (Burns 2000).

#### *2.4.3.1 Establishing trustworthiness*

Lincoln and Guba (Lincoln, Guba 1985) provide an alternative approach to evaluating qualitative research, defining criteria that can be used in assessing whether a research project is trustworthy. Trustworthiness involves establishing credibility, transferability, dependability and confirmability. Table 11 demonstrates how these criteria align with traditional research evaluation criteria.

**Table 11 Traditional research evaluation criteria aligned to Lincoln and Guba's evaluation criteria**

Criteria for Evaluating Research	Lincoln and Guba's Criteria for Evaluating Qualitative Research
Internal validity	Credibility
External validity	Transferability
Reliability	Dependability
Objectivity	Confirmability

These criteria will be used here to demonstrate the trustworthiness of this research project. Table 12 on the following pages describes these criteria and the suggested techniques for establishing them in any study (Cohen, Crabtree 2006). The final column summarises where I have applied such techniques in this research.

**Table 12 Trustworthiness audit**

Criteria	Description	Techniques recommended	Techniques applied in this study
<b>Credibility</b>	Confidence in the truth of the findings	Prolonged engagement Persistent observation Triangulation Peer debriefing Negative-case analysis Referral adequacy Member checking	<ul style="list-style-type: none"> <li>• Prolonged engagement (cyclical process)</li> <li>• Use of dialectical processes (triangulation)</li> <li>• Peer debriefing using independent researcher to check analysis of Delphi findings</li> <li>• Member checking (Delphi consensus processes and stakeholder workshops)</li> </ul>

<b>Transferability</b>	Showing that the findings have applicability in other contexts	Thick description	<ul style="list-style-type: none"> <li>• Immersion in reality using dialectical processes (multisource data)</li> <li>• Multi-site validation of conceptual framework and tool</li> <li>• External validation of findings to national stakeholder group</li> </ul>
<b>Dependability</b>	Showing that the findings are consistent and could be repeated	Inquiry audit	<ul style="list-style-type: none"> <li>• Independent researcher examined the process and product of Delphi to evaluate accuracy and evaluate that conclusions were supported by the data</li> <li>• Use of consensus process in Delphi and stakeholder workshops for stakeholder validation</li> </ul>

<b>Confirmability</b>	A degree of neutrality or the extent to which the findings of the study are shaped by the respondents and not researcher bias, motivation or interest	Confirmability audit Audit trail maintenance Triangulation Reflexivity	<ul style="list-style-type: none"> <li>Independent researcher examined the process and product of Delphi to evaluate accuracy and evaluate that conclusions were supported by the data</li> <li>Use of consensus processes in Delphi and stakeholder workshops for stakeholder validation</li> </ul> <p>Audit trail maintained:</p> <ul style="list-style-type: none"> <li>Raw data</li> <li>Data reduction and analysis records</li> <li>Stakeholder workshop mapping outcomes records</li> <li>Evaluation data from national workshop used for external validation</li> <li>Data reconstruction and synthesis (this report)</li> <li>Triangulation through the use of dialectical processes and external validation</li> </ul>
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- Transparency of the researcher's role and values framework
  - Use of consensus and dialectical processes to mitigate potential researcher bias
  - Methodological action and decision-making audit trail maintained (see appendix 3)
- 

#### *2.4.3.2 Credibility*

As previously described, this project is framed by a methodology selected for its integral cyclical and dialectical processes (Dick 1993). I have followed this methodology rigorously and in a systematic way throughout. At the same time, the Delphi and the stakeholder workshops, which use a consensus process framework, had dialectic built into them as they both sought to seek out confirmation and disconfirmation of the findings from previous phases.

The use of dialectical processes supported triangulation as at least two data sources were used for analysis and to compare and contrast emerging findings. A second researcher independently examined the process and product of the Delphi to evaluate accuracy and that the conclusions were supported by the data.



For each phase of the study, the findings were presented back to participants for validation purposes. The findings were also presented to a national stakeholder group to establish the level of external validity even though, as previously highlighted, transferability outside the region was not a prime objective of the study.

#### *2.4.3.3 Transferability*

This study aimed to identify the core needs of student nurses during practice placements and use these to develop a new model of support in a local context. As transferability was not the ultimate aim of the study, action research was felt to be an appropriate paradigm. However, despite Burns' (Burns 2000) proposition that action research can only possess internal validity, as it is a unique intervention in a specific context, an unexpected outcome of this study was the transferability of the emergent modelling framework and tool to other localities.

Immersion and re-immersion in reality through the windows of personal experience, the Delphi and the literature provided a thick description of reality, and as such the data reconstruction achieved transferability at a regional and national level. This was further supported because there were national, regional and local experts on the Delphi panel. Whilst this was designed to ensure that all stakeholder perspectives were included in distilling consensus, it also factored national perspectives into the Delphi.

To assess transferability, the modelling framework and tool were piloted with two geographically diverse stakeholder groups. The framework and tool enabled both groups to successfully map and

develop a more integrated model of support. To assess national transferability, the Delphi findings were evaluated by a group of national stakeholders at a national nursing education conference (see section 2.4.1.4, page 140).

#### *2.4.3.4 Dependability and confirmability*

A second researcher (my research supervisor) examined the process and product of Delphi to evaluate whether conclusions were supported by the data. The use of systematic convergent processes through the Delphi, and during the stakeholder workshops, meant that the participants, by consensus, defined the key outcomes for the Delphi and modelling process, rather than myself interpreting these independently, thus reducing the potential for researcher bias during analysis.

An audit trail was maintained in relation to data reduction and analysis for rounds 1 and 2 of the Delphi as well as for records of the stakeholder workshop mapping outcomes (chapter 5) to provide clear evidence of analytical decision making. The three key dialectical phases of the study that ensured triangulation of the findings are presented in chapters 3, 4 and 5.

#### *2.4.3.5 Personal and social validation*

In relation to establishing validity of knowledge claims, Whitehead and McNiff (Whitehead, McNiff 2006) set out what they feel are the responsibilities of practitioner researchers. The first is personal validation or self-evaluation where, through the use of critical reflection, the researcher assesses the validity of his or her own interpretations and explanations.

The use of dialectical processes has enabled me to critically reflect on the findings as they have emerged from the study. In the final chapter I have critically evaluated the process and outcomes of the study in order to highlight any issues or limitations for the reader.

The second is social validation where, through the use of validation groups, the researcher tells the story of the research, presents the evidence that has been generated and makes their claim to knowledge in relation to what has been generated up to that point. The validation group then assesses the quality of the claim and makes judgements in relation to its authenticity. I utilised three approaches to achieve this. The second phase of the Delphi sought agreement or disagreement from the expert panel in relation to initial findings generated by the group; the stakeholder workshops were used as validation groups at a local and regional level; and the national stakeholder workshop was used as a social validation group at an external level.

I exposed the study and findings to critique by the *Nurse Education Today/Nurse Education in Practice*, *International Research in Nurse Education Conference*, Scientific Committee in abstract form. I did this twice, once in 2009 and once in 2011, and was privileged enough to be selected from amongst nearly 1000 submissions to present this work to an international audience of nursing scholars. This enabled me to seek social validation from a more diverse social group (appendix 4).

#### ***2.4.3.6 Considering legitimacy***

Whitehead and McNiff (Whitehead, McNiff 2006) explain that establishing legitimacy is about getting other people to accept the validity of the researcher's claim to knowledge, but they provide a

warning that this may be influenced by external forces such as power rather than rationality. In explaining this, they recount the story of Galileo, who was intimidated by those in power and was forced to revoke his beliefs. They purport that when dealing with ‘power-constituted situations’ it is important to recognise and establish the validity of the standards of judgement that are deemed pertinent to the context. The example provided is that Galileo used the standards of ‘rational scientific enquiry’ to validate his knowledge claim, whereas his inquisitors used ‘irrational prejudice’ to deny its legitimacy. The power and control in this situation lay with those with political power, and so Galileo was forced, through fear, to retract his claim to knowledge. This point is particularly pertinent in action research as the researcher is working in a community that will have cultural, political and economic dimensions that may come into play when attempting to implement any new approach, even if such an approach has scientific validity.

‘Establishing legitimacy’ provided a framework for insightful reflection in relation to the political and economic dimensions of this action research project. From a personal perspective, some of the most difficult challenges faced whilst conducting this research were experienced while sharing the findings with those outside the participant group, when economic and political forces initially challenged proposals for improvement. This will be the subject of further reflection at the end of this thesis (page 360).

## 2.5 Chapter summary

This chapter has described and justified the design of this study. This has included methods of data collection, analysis and an evaluation of how I have achieved trustworthiness through the design. As a summary and navigational guide, figure 17

shows Checkland's seven-stage process as applied in this study. Chapters 3, 4 and 5 will share the findings from each of the study dialectics in detail.

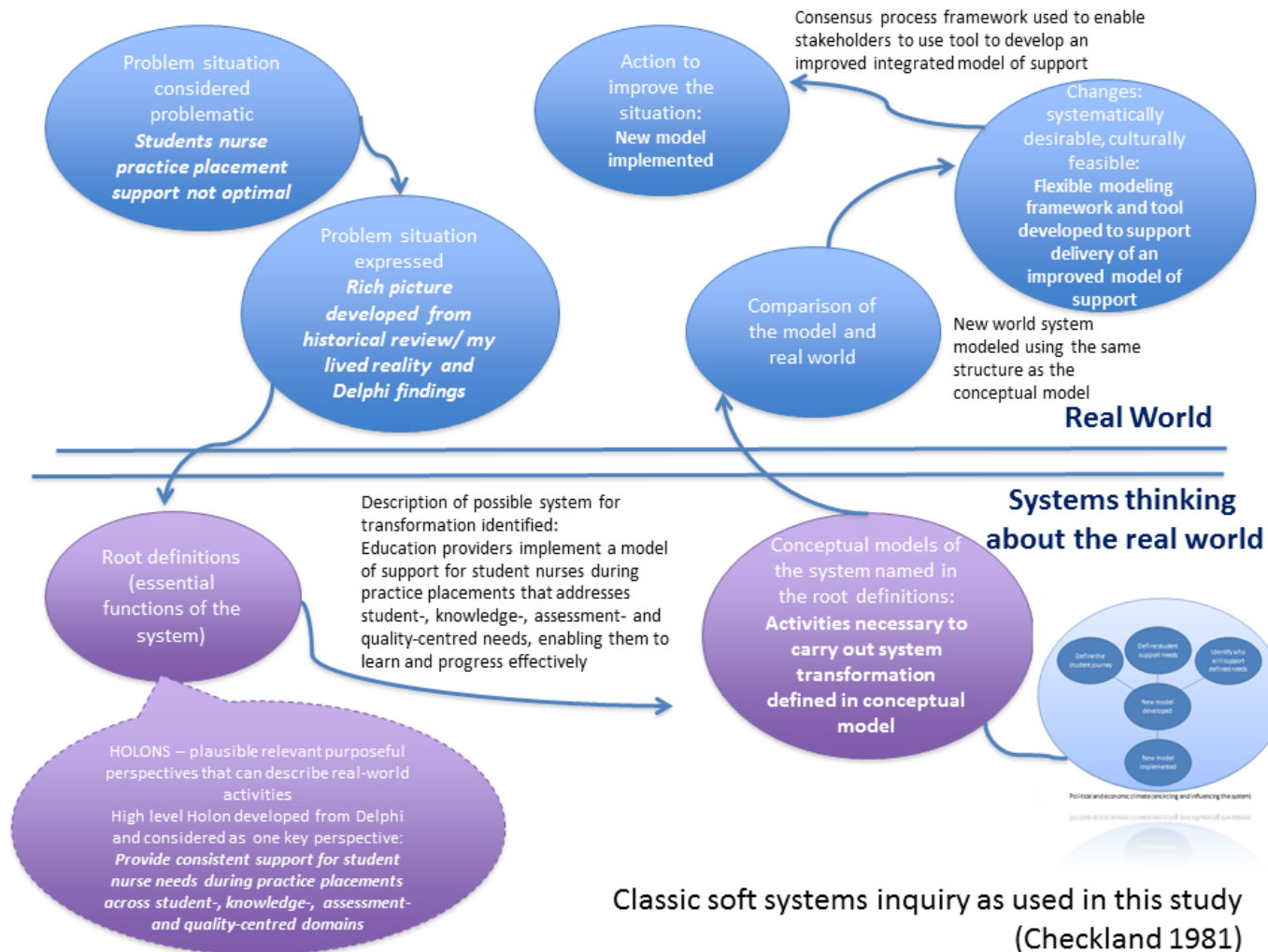


Figure 17 Checkland's 7-stage process as applied to this study

## **Chapter 3: Immersion in reality, defining the essence and inventing the ideal**

### **3.1 Introduction**

This chapter will present the findings from the first two dialectics in the study. Reflecting the study design, this chapter contains findings from the data, considerations from the literature and critical commentary in an integrated and iterative format. In this chapter, the findings are supported by quotations, selected to be illustrative of the experiences, views and perspectives of Delphi panel members in communicating their responses to the Delphi first round questions. In order to preserve anonymity of panel members non-student stakeholders have been defined as a whole. This is because in some cases there were only one or two representatives from a particular stakeholder group on the panel, with the potential for panel members and others to be able to identify them. Non -student stakeholders include: HEI staff, service provider staff, commissioners, policy makers and professional organisations (see Table 7, page 132). The findings from the two phases of the Delphi were used to provide a rich picture of reality in order to help define ‘the essence’ in relation to what activities were required to transform the existing system and eventually to conceptualise the ideal model of student support during practice placements.

Chapter 1 provides the first window on reality and a description of how the problem situation was defined. The notion of a non-optimal strategic fit was proposed. The next stage in the action research process was to describe the situation in all its richness in order to identify the root definitions of the system (Checkland 1981). To facilitate this, I used a Delphi technique, as described in chapter 2, page 129. The Delphi was also aligned to the first two objectives of the study, which were to isolate

consensus and divergence in respect of stakeholder perceptions of the support needs of student nurses during practice placements and to investigate the outcomes of the current system of support.

This chapter will identify the consensus needs for student nurse support as agreed by the Delphi national and local stakeholder expert panel. This chapter will then outline how, using soft systems conventions, I used these findings to conceptualise a high-level model that 'defined the essence' in terms of the activities required to carry out the system transformation and, using this, an 'ideal' model for supporting student nurses during practice placements was developed. The findings from this dialectic created new knowledge in defining a consensus set of support needs for student nurses during practice placements.

### **3.2 Overview of Delphi findings**

In relation to the first round of the Delphi, 21 panel members (100%) responded, providing answers to the seven open-ended questions in the questionnaire. The data provided rich descriptions of their experiences and perspectives. As described in chapter 2, page 134, the data were analysed using a process of content analysis. A total of 175 panel member 'needs statements' were generated, as well as descriptions of panel members' lived experiences related to these needs. Statements that were very similar were collapsed into one statement, duplicate statements were removed and unique statements were maintained as originally worded. This resulted in 46 key statements being generated. These statements are listed in Table 13 (page 168). The 46 statements from round 1 were presented back to the panel as an electronic Likert survey and panel members were asked to rate their level of agreement or disagreement with each statement.



A total of 16 panel members (76.2%) responded to the round 2 questionnaire. There were two main categories to which all statements could be allocated. The first category is 'what' statements. These statements related to the needs of students or activities that required supporting when the student was in the practice placement. The second category is 'who' questions. These questions related to post-holders and how these post-holders should work to support students when they were in practice placements. General consensus was defined as 93.75% agreement or more, with no more than one panel member being in disagreement with others. The results of this round can be found in Table 13 and a summary of statements where general consensus was achieved is provided in Table 14.

Table 13 Delphi round 2 results

Delphi Round 2 Results Questions (General consensus = 93.75%)	Strongly Agree	Agree	Disagree	Strongly Disagree	Total Responses	Total Skipped Question	Total
1. Students have a range of needs during practice placements including: personal/individual needs, knowledge/learning needs and assessment needs	87.5%	12.5%	0%	0%	100%	0%	100%
	14	2	0	0	16	0	16
2. Students only have learning and assessment needs during practice placements	6.25%	0%	43.75%	50%	100%	0%	100%
	1	0	7	8	16	0	16
3. Students require well-planned and coordinated placements	75%	25%	0%	0%	100%	0%	100%
	12	4	0	0	16	0	16
4. Students do not require pre-placement information about the placement and what to expect	0%	0%	31.25%	68.75%	100%	0%	100%
	0	0	5	11	16	0	16
5. Students require pre-placement preparation in relation to practising relevant basic skills	43.75%	56.25%	0%	0%	100%	0%	100%
	7	9	0	0	16	0	16
6. Students do not require formal facilitated learning/learning opportunities in practice	0%	0%	68.75%	31.25%	100%	0%	100%
	0	0	11	5	16	0	16

<b>7. Students require specific support to link theory to practice</b>	56.25%	43.75%	0%	0%	100%	0%	100%
	9	7	0	0	16	0	16
<b>8. Students do not require time for facilitated reflection during practice placements</b>	0%	6.25%	56.25%	37.5%	100%	0%	100%
	0	1	9	6	16	0	16
<b>9. Students require learning opportunities that challenge and develop their practice</b>	75%	25%	0%	0%	100%	0%	100%
	12	4	0	0	16	0	16
<b>10. Students require a level of supervision that enables them to learn and practise safely</b>	93.75%	6.25%	0%	0%	100%	0%	100%
	15	1	0	0	16	0	16
<b>11. Students do not require a named mentor in their main placement area</b>	0%	0%	37.5%	62.5%	100%	0%	100%
	0	0	6	10	16	0	16
<b>12. Students need to work with their mentor every day</b>	6.25%	18.75%	75%	0%	100%	0%	100%
	1	3	12	0	16	0	16
<b>13. Students do not need to work with their mentor for more than 40% of their time in practice (example: 2 days a week)</b>	0%	31.25%	43.75%	25%	100%	0%	100%
	0	5	7	4	16	0	16
<b>14. Students require frequent feedback on their performance</b>	53.33%	46.67%	0%	0%	93.75%	6.25%	100%
	8	7	0	0	15	1	16
<b>15. Students do not need protected time with their mentor to undertake the assessment process</b>	6.25%	6.25%	31.25%	56.25%	100%	0%	100%
	1	1	5	9	16	0	16
<b>16. Students require access to</b>	86.67%	13.33%	0%	0%	93.75%	6.25%	100%

<b>well-prepared competent teachers and mentors</b>	13	2	0	0	15	1	16
<b>17. Students do not require support from a link lecturer when in practice</b>	0%	25%	56.25%	18.75%	100%	0%	100%
	0	4	9	3	16	0	16
<b>18. Students should have support from a range of professionals to facilitate their learning in practice</b>	43.75%	56.25%	0%	0%	100%	0%	100%
	7	9	0	0	16	0	16
<b>19. Students do not require support from a placement facilitator/practice placement manager when on placement</b>	0%	6.25%	50%	43.75%	100%	0%	100%
	0	1	8	7	16	0	16
<b>20. Students need to be able to draw upon peer support (support from other students) during practice placements</b>	25%	62.5%	12.5%	0%	100%	0%	100%
	4	10	2	0	16	0	16
<b>21. It is not important to make students feel welcome and part of the team in the placement area</b>	0%	0%	6.25%	93.75%	100%	0%	100%
	0	0	1	15	16	0	16
<b>22. Students require support to cope with emotional aspects of nursing when in practice</b>	68.75%	31.25%	0%	0%	100%	0%	100%
	11	5	0	0	16	0	16
<b>23. Students do not require support to adjust to the culture of nursing and the practice environment</b>	0%	0%	37.5%	62.5%	100%	0%	100%
	0	0	6	10	16	0	16

<b>24. Students require support for any special needs they may have in relation to their learning in the practice environment (example: dyslexia or physical disability)</b>	56.25%	43.75%	0%	0%	100%	0%	100%
	9	7	0	0	16	0	16
<b>25. Students do not require pastoral support when on placement in relation to any problems they may have (emotional/social/financial needs)</b>	0%	0%	31.25%	68.75%	100%	0%	100%
	0	0	5	11	16	0	16
<b>26. Students should have access to facilities equal to those of placement staff (example: lockers/changing facilities/learning-related computer access)</b>	43.75%	56.25%	0%	0%	100%	0%	100%
	7	9	0	0	16	0	16
<b>27. Students do not require access to individuals that can act as advocates for them (example: if there were problems with the student/mentor relationship)</b>	0%	0%	56.25%	43.75%	100%	0%	100%
	0	0	9	7	16	0	16
<b>28. Students require protected time for learning during practice placements</b>	50%	43.75%	6.25%	0%	100%	0%	100%
	8	7	1	0	16	0	16
<b>29. The practice mentor should not be the only person responsible for the student's personal, learning and assessment needs</b>	43.75%	50%	6.25%	0%	100%	0%	100%
	7	8	1	0	16	0	16

<b>30. Students should have access to a range of people to support their needs</b>	56.25%	43.75%	0%	0%	100%	0%	100%
	9	7	0	0	16	0	16
<b>31. It is not important for students to have access to on-line resources when on placement</b>	0%	6.67%	46.67%	46.67%	93.75%	6.25%	100%
	0	1	7	7	15	1	16
<b>32. It is important for students to be observed closely and consistently as part of the practice assessment process</b>	31.25%	62.5%	6.25%	0%	100%	0%	100%
	5	10	1	0	16	0	16
<b>33. Student do not require support to manage competing workloads (academic and practice requirements)</b>	0%	0%	62.5%	37.5%	100%	0%	100%
	0	0	10	6	16	0	16
<b>34. Students develop skills more effectively in a safe environment (for example with adequate instruction and supervision)</b>	75%	25%	0%	0%	100%	0%	100%
	12	4	0	0	16	0	16
<b>35. Students do not need clear direction in relation to learning in practice</b>	6.25%	0%	50%	43.75%	100%	0%	100%
	1	0	8	7	16	0	16
<b>36. Students require access to a range of professionals to help them deal with issues that arise in, or from, practice</b>	43.75%	56.25%	0%	0%	100%	0%	100%
	7	9	0	0	16	0	16

37. It is not necessary for the student to have their learning focused around the patient journey (along patient care pathways)	0%	31.25%	50%	18.75%	100%	0%	100%
	0	5	8	3	16	0	16
39. The skill mix of staff in the placement area does not impact on the quality of the student placement	0%	6.25%	56.25%	37.5%	100%	0%	100%
	0	1	9	6	16	0	16
40. The link lecturer requires adequate, protected time to offer support to students in practice	43.75%	31.25%	25%	0%	100%	0%	100%
	7	5	4	0	16	0	16
41. It is not important for academic staff to develop stronger partnerships in practice placement areas	0%	0%	33.33%	66.67%	93.75%	6.25%	100%
	0	0	5	10	15	1	16
42. Academic staff should work with students clinically in the placement area	37.5%	12.5%	50%	0%	100%	0%	100%
	6	2	8	0	16	0	16
43. It is not necessary for learning in the placement area to be supported by professionals that are supernumerary (practice educators/clinical lecturers, etc.)	0%	12.5%	62.5%	25%	100%	0%	100%
	0	2	10	4	16	0	16

<b>44. There need to be clear lines of responsibility in relation to roles that support the student in practice</b>	43.75%	50%	6.25%	0%	100%	0%	100%
	7	8	1	0	16	0	16
<b>45. Students should not be supernumerary when in practice placements</b>	0%	12.5%	31.25%	56.25%	100%	0%	100%
	0	2	5	9	16	0	16
<b>46. The model of support currently used for students during placements requires strengthening</b>	31.25%	62.5%	6.25%	0%	100%	0%	100%
	5	10	1	0	16	0	16



Where consensus was achieved, I used these statements to develop a statement of need. I categorised the statements thematically into four domains of need. The four domains were:

- student-centred support needs
- knowledge-centred support needs
- assessment-centred support needs
- quality-centred support needs

A key finding of this Delphi was that whilst consensus was achieved in relation to identifying the key support needs of students when undertaking practice placements, there was significantly less consensus on 'who' or which post-holders should be supporting these needs. The exceptions to this were the mentor and the placement facilitator or practice placement manager, in relation to which there was agreement that these were important support roles in the support structure. I developed the statements of need into a list of core needs for student support during the practice placement within four domains. Table 14 summarises this as a process and outcome of the Delphi.

A small number of consensus statements related to perspectives on the current system of support for students. I used the statements to inform the modelling process generally. These statements highlighted that:

- Students have multiple areas of need
- A network of roles is required to support the student in practice
- There is a need to enhance the current model of support
- The placement facilitator/practice placement manager is a key role in the support network

I added two additional need statements to the list of needs as they related to regulatory requirements that must be adhered to within any placement support model. These were:

- Ensure placements meet relevant standards (Nursing and Midwifery Council 2010, Quality Assurance Agency 2007)
- Ensure mentors perform their role in line with NMC standards for mentors (Nursing and Midwifery Council 2008)

Where consensus was not achieved, I omitted these statements. In relation to these statements, the Delphi is limited in that there was no opportunity to seek clarification or share perspectives amongst stakeholders in relation to these statements. There were only two 'what' statements that did not achieve consensus. These related to whether learning should be focused around the patient journey and whether the student should be supernumerary during practice placements. It would have been helpful to understand the differing perspectives on these issues; this was a limitation and as such will be discussed in chapter 6.

Table 14 Delphi round 2 analysis

Delphi round 2 statements	Outcome NS – Needs Statement Developed	Question type 'what' or 'who'	Consensus achieved Yes No	Area/ domain of need
1. Students have a range of needs during practice placements including: personal/individual needs; knowledge/learning needs	General consensus statement confirming multiple areas of need	What	Y	NA
2. Students only have learning and assessment needs during practice placements	General consensus statement confirming multiple areas of need	What	Y	NA
3. Students require well-planned and coordinated placements	<b>1. NS Well planned and coordinated placements</b>	What	Y	Quality
4. Students do not require pre-placement information about the placement and what to expect	<b>2. NS Pre-placement information and preparation practice placement</b>	What	Y	Student
5. Students require pre-placement preparation in relation to practising relevant skills	<b>3. NS Pre-placement preparation in relation to developing clinical skills</b>	What	Y	Knowledge
6. Students do not require formal facilitated learning/learning opportunities in practice	<b>4. NS Formal facilitated learning/learning opportunities in practice</b>	What	Y	Knowledge
7. Students require specific support to link theory to practice	<b>5. NS Specific support to link theory to practice</b>	What	Y	Knowledge
8. Students do not require time for facilitated reflection during practice placements	<b>6. NS Periods of facilitated reflection during the placement</b>	What		Knowledge
9. Students require learning opportunities that challenge and develop their practice	<b>7. NS Learning opportunities that challenge and develop their practice</b>	What	Y	Knowledge
10. Students require a level of supervision that enables them to learn and practise safely	<b>8. NS A level of supervision to learn and practise safely</b>	What	Y	Student
11. Students do not require a named mentor in their main placement area	<b>9. NS A named mentor</b>	Who	Y	Assessment
12. Students needs to work with their mentor every day		Who	N	
13. Students do not need to work with their mentor more than 40% of time in practice (example: 2 days a week)		Who	N	
14. Students require frequent feedback on their performance	<b>10. NS Frequent feedback on their performance</b>	What	Y	Assessment

15. Students do not need protected time with their mentor to undertake the assessment process		Who	N	
16. Students require access to well-prepared, competent teachers	<b>11. NS Access to well-prepared competent teachers and mentors</b>	Who	Y	Quality
17. Students do not require support from a link lecturer when in practice		Who	N	
18. Students should have support from a range of professionals to facilitate their learning in practice	General consensus statement confirming network of roles required to support the student in practice	Who	Y	NA
19. Students do not require support from a placement facilitator/practice placement manager when on placement	This consensus statement is used to define a key role in the network of support roles (noted: this may be context specific)	Who	Y	NA
20. Students need to be able to draw upon peer support (support from other students) during practice placements		Who	N	
21. It is not important to make students feel welcome and part of the team in the placement area	<b>12. NS Inclusion and to be welcomed as part of the team</b>	What	Y	Student
22. Students require support to cope with emotional aspects of nursing when in practice	<b>13. NS Support to cope with the emotional aspects of nursing care</b>	What	Y	Student
23. Students do not require support to adjust to the culture of nursing and the practice environment	<b>14. NS Professional socialisation</b>	What	Y	Student
24. Students require support for any special needs they may have in relation to their learning in the practice environment (example: dyslexia or physical disability)	<b>15. NS Support for special needs</b>	What	Y	Student
25. Students do not require pastoral support when on placement in relation to any problems they may have (emotional/social/financial needs)	<b>16. NS Pastoral support</b>	What	Y	Student
26. Students should have access to facilities equal to those of placement staff (example: lockers/changing facilities/learning-related computer access)	<b>17. NS Access to facilities equal to those of placement staff such as lockers and learning related computer access</b>	What	Y	Quality
27. Students do not require access to individuals that can act as an advocate for them (example: if there were problems with the student-mentor relationship)	<b>18. NS Access to individuals that can act as an advocate for them</b>	What	Y	Student
28. Students require protected time for learning during practice placements	<b>19. NS Protected time for learning during practice placements</b>	What	Y	Knowledge
29. The practice mentor should not be the only person responsible for the students' personal, learning and assessment needs	General consensus statement confirming network of roles required to support the student in practice	Who	Y	NA

30. Students should have access to a range of people to support their needs	General consensus statement confirming network of roles required to support the student in practice	Who	Y	NA
31. It is not important for students to have access to on-line resources when on placement	<b>20. NS Access to on-line resources when in practice</b>	What	Y	Quality
32. It is important for students to be observed closely and consistently as part of the assessment process	<b>21. NS Close and consistent observation as part of the assessment process</b>	What	Y	Assessment
33. Students do not require support to manage competing workloads (academic and practice requirements)	<b>22. NS Support to manage competing demands when on placement</b>	What	Y	Student
34. Students develop skills more effectively in a safe environment (for example with adequate instruction and supervision)	<b>23. NS A safe environment to practise and develop skills</b>	What	Y	Knowledge
35. Students do not need clear direction in relation to learning in practice	<b>24. NS Clear direction in relation to learning in practice</b>	What	Y	Knowledge
36. Students require access to a range of professionals to help them deal with issues that arise in, or from, practice	<b>25. NS Access to a range of professionals to help them deal with issues that arise in or from practice</b>	What	Y	Quality
37. It is not necessary for the student to have their learning focused around the patient journey (along patient care pathways)		What	N	
38. Students require clear guidance in relation to what is expected of them during the practice placement	<b>2. NS Pre-placement information and preparation for the practice placement (duplicate statement)</b>	What	Y	Student
39. The skill mix of staff in the placement area does not impact on the quality of the student placement	<b>26. NS The skill mix of staff monitored in relation to its impact on the quality of the placement experience</b>	What	Y	Quality
40. The link lecturer requires adequate, protected time to offer support to students in practice		Who	N	
41. It is not important for academic staff to develop stronger partnerships with practice placement areas	<b>27. NS Academic staff to develop and promote strong links between the HEI and the placement area</b>	Who	Y	Quality
42. Academic staff should work with the students clinically in the placement area		Who	N	
43. It is not necessary for learning in the placement area to be supported by professionals that are supernumerary (practice educators/clinical lecturers)		Who	N	
44. There need to be clear lines of responsibility in relation to roles that support the student in practice	<b>28. NS Clear lines of responsibility in relation to roles that support the student in practice</b>	What	Y	Quality

45. Students should not be supernumerary when in practice placements		What	N	
46. The model of support currently used for students during placements requires strengthening	General consensus statement confirming the need to enhance the current model of support	Who	Y	NA
<p><b><u>Key regulatory standards included as they are minimum placement requirements</u></b></p> <p><b>29. NS Ensure placements meet relevant standards (NMC/QAA)</b></p> <p><b>30. NS Ensure mentors perform their role in line with NMC standards for mentors</b></p>				
<p><b>Consensus needs statements</b></p> <p><b>Student-centred domain</b></p> <ul style="list-style-type: none"> <li>• Pre-placement information and preparation for the practice placement</li> <li>• Inclusion and to be welcomed as part of the team</li> <li>• Access to individuals who can act as an advocate for them</li> <li>• A level of supervision to learn and practice safely</li> <li>• Support to cope with the emotional aspects of care</li> <li>• Professional socialisation</li> <li>• Pastoral support</li> <li>• Support to manage competing demands when on placement</li> <li>• Support for special needs</li> </ul>				

**Knowledge-centred domain**

- Pre-placement preparation in relation to developing relevant skills
- Formal facilitated learning/learning opportunities in practice
- Specific support to link theory to practice
- Periods of facilitated reflection during the placement
- Learning opportunities that challenge or develop their practice
- Protected time for learning during practice placements
- A safe environment in which to practise and develop skills
- Clear direction in relation to learning in practice

**Assessment-centred domain**

- A named mentor
- Frequent feedback on their performance
- Close and consistent observation as part of the assessment process
- Support for other elements contained within regulator standards assigned to mentors

**Quality-centred domain**

- Well-planned, coordinated placements (including capacity management)
- Placements that meet relevant standards
- Access to well-prepared, competent teachers and mentors
- Access to staff facilities such as lockers/learning-related computer access
- Access to on-line resources when in practice
- Access to a range of professionals to help deal with issues that arise in or from practice
- The skill mix of staff monitored in relation to its impact on the quality of the placement experience
- Academic staff to develop and promote strong links between the HEI and the placement area
- Clear lines of responsibility in relation to roles that support the student in practice

**Consensus statements (other)**

- General consensus statements confirming multiple areas of need
- General consensus statement confirming network of roles required to support the student in practice
- General consensus statement confirming the need to enhance the current model of support
- General consensus statement confirming placement facilitator/practice placement manager key role in network



The defined consensus needs of student nurses during practice placements will now be presented and explored using the rich description, related to each need statement, generated from round 1 of the Delphi. This will include, in some parts, critical commentary in relation to where such outcomes are empirically confirmed or disconfirmed.

### **3.3 Student-centred support needs**

The consensus needs for student-centred support were:

- Pre-placement information and preparation for the practice placement
- Inclusion and to be welcomed as part of the team
- Access to individuals who can act as an advocate for them
- A level of supervision to learn and practise safely
- Support to cope with the emotional aspects of care
- Professional socialisation
- Pastoral support
- Support to manage competing demands when on placement
- Support for special needs

The key finding in relation to the student-centred support domain was that students have needs that extend far more broadly than those related to learning and assessment. The panel reported that students have fundamental psychosocial needs that panel members felt were critical to support if students were to progress and develop at an appropriate pace and to the right level.

*On an emotional and practical level, students have more fundamental needs which need to be met before effective learning and development can occur.* Non-student stakeholder 1

*Personal issues can contribute significantly to students failing placements and practice based assignments and it is my opinion that if students were encouraged to discuss personal difficulties at an early stage, and more support could be provided, then this could be avoided.*

Non-student stakeholder 1

### **3.3.1 Pre-placement information and preparation for the practice placement**

All stakeholders consistently recognised that adequate preparation for any practice placement is key if a learner is to make best use of the learning opportunities afforded. Indeed the NMC recognises that students and their practice placement mentors need to have adequate time to prepare for the placement, with a minimum of one weeks' notice advised for notifying the student of who will be their mentor (Nursing and Midwifery Council 2008).

*[A key need of the student is] orientation to the placement on arrival (a virtual tour and introductions would be good).* Non-student stakeholder 2

*Students require a well-structured system to facilitate and support their learning and development. This would include identification of a named mentor throughout their*

*placement and time devoted at the beginning of the placement to forming a constructive relationship.* Non-student stakeholder 1

Students, however, frequently cited difficulties in relation to the management of some of the basic practical elements of preparing for a placement. Consistent themes were the identification of who their named mentor would be and the provision of a practical local induction.

*[A weakness of the current system is] late notification of a mentor.* Student Q5

*They should tell you more at the start – they tell you some things, but my mentor said – you know all this don't you? – if not, read it on the computer.* Student 2F

Adequate preparation for and introduction to each placement are critical for safe practice within the placement environment (NHS Litigation Authority 2012). These aspects are equally important in relation to ensuring that learners make the most of the learning opportunities provided by undertaking pre-placement preparation related to the specific clinical speciality.

It is recognised that preparation of the student for their clinical placement is context specific. In relation to the quality of preparation, the literature demonstrates that whilst in some areas extensive pre-placement preparation is provided (Walsh, Jones 2005), in others there is a less rigorous

approach. This concurs with the findings of Patricia Chesser-Smyth's (Chesser-Smyth 2005) phenomenological study exploring the lived experiences of student nurses on their first clinical placement. These findings reveal that the standard of preparation for the placement was viewed positively by student nurses, though some aspects of preparation require a critical shift in thinking towards meeting the full range of students' needs.

Stakeholders recognised the importance of things they often referred to as 'the basics'; these were both practical and cultural.

*On an emotional and practical level, students have more fundamental needs which need to be met before effective learning can occur. They need to be oriented to the learning environment including being shown where to change, store personal belongings, where the toilet and refreshments are situated, etc. They need to be introduced to members of the team and made to feel welcome to [sic] the placement environment ... students need to be oriented to key aspects of departmental culture, as this can vary enormously between placements – by this I am referring to the 'unwritten rules' which operate within departments, which can be confusing and difficult for the newcomer to identify.* Non-student stakeholder 2

Such 'cultural preparation' for the practice placements featured in other areas within this domain as being important for successful professional socialisation. One student articulated this in relation to 'the rules':

*You do not know what the rules are. I was doing BM's [blood sugar measurement] and then the nurse went on a course and said ... 'Now, I know you should not be doing that.' They all tell you something different.* Student F3

It is unclear whether pre-placement preparation could mitigate such confusion in relation to 'the rules'; however, a consistent approach and clear guidelines may go some way to reducing confusion for both the student and the mentor.

Stakeholders cited that good pre-placement preparation and information was of real benefit to the student when undertaken well. However, there is variability in relation to the depth and breadth of pre-placement preparation as well as a blurring of who has key responsibility for this: the university or the placement provider. Key weaknesses identified by panel members included variable levels of preparation across a range of subjects, including the current NHS context.

*There is a lack of preparation both in terms of clinical skills and the expectation of working lives, for example punctuality and shift patterns.* Non-student stakeholder 3

Whilst it is clear that the majority of pre-registration nursing curricula are founded on core regulatory curriculum learning outcomes and, as such, pre-placement information and preparation across a range of subjects will be included, the lack of consistency in this area may be a source of concern. This is an area that requires effective partnership between service providers and HEIs to identify what

preparation and information should be delivered and, more importantly, where the responsibility sits for delivering this and monitoring that it has taken place. This said, it is important to note here the implicit role that the student will have in taking responsibility for their own preparation, learning and development.

### **3.3.2 Inclusion and to be welcomed as part of the team**

In relation to inclusion and welcome, students cited that they can often feel unwelcomed, isolated and not part of the clinical team.

*There is a lack of support from trained staff due to [their] heavy workload ... some staff are uninterested in teaching students. Student Q3*

*It is important that there is encouragement and confidence building,[someone] listening to any issues you have ... it is important students don't feel isolated and that there is continued education and support even though you are not attending university. Student Q4*

The need for students to feel that they belong was something that featured throughout the data. A stark description of the reality of one student's experience was provided:

*It's difficult; you see, you are in practice for six weeks and then you are thrown back into university for a couple of weeks and then you are thrown back out again. You have to build a new rapport all the time with staff.* Student 1F

The work of Cope et al. (Cope, Cuthbertson et al. 2000) and Melia (Melia 1987) highlight the importance of the student socialisation process in developing confidence and the demonstration of competence by the learner. Indeed Cope et al. (Cope, Cuthbertson et al. 2000) go further, stating that it is the demonstration of competence that leads to professional acceptance and that therefore the two are inextricably linked. This would suggest that if such needs are not facilitated, development could be constrained. Similarly, as described in chapter 1, Maslow's theory of human motivation and hierarchy of needs (Maslow 1971) identifies that we all have a basic need to 'belong' and that without this we may be challenged to move on to address our higher-level intellectual needs.

There was clear recognition amongst non-student stakeholders of the importance of creating a sense of belonging for the learner. They identified the need for stakeholders to work together to ensure students feel welcome, supported and not isolated when on placement.

*[To enhance inclusion and welcome, placement staff need to] engage more closely with the university rather than viewing students as an add-on to the role.* Non-student stakeholder 7

*Students need to be introduced to members of the team and be made to feel welcome in the placement environment. Ongoing support from all members of staff is also important as students have a strong need to feel they belong to the team regardless of the length of the placement.* Non-student stakeholder 1

The notion of 'fitting in' in order to feel you belong was recognised by students. The students highlighted examples of how they adapted their behaviour in order to ensure they were accepted as part of the group:

*You just want harmony ... I mean, you want to challenge practice, but that will cause problems for you. You have just got to keep the harmony going until you finish.* Student 1F

*You have no identity as a group [of students in practice]; you feel alone, on your own ... also you feel more comfortable with the HCAs.* Student 3F

One placement specialist highlighted the need for students to be aware of cultural norms and expectations in order that they don't fall foul of these in the early days. Such norms were categorised by them as the 'unwritten rules'. Stakeholders agreed that whilst some practice areas are 'student friendly' and provide excellent levels of welcome and inclusion, there needs to be more focus and consistency in this area of support.



*There is sometimes a lack of ownership by the ward staff. They see students coming from the university rather than being a part of the hospital, which sometimes leads to tensions, as they do not think the students are their responsibility. For example, if a student does not meet their standard, then they think that it is up to the university to talk to the student rather than seeing that they have responsibility to the student.* Non-student stakeholder 5

The concept of 'ownership' of the students is worthy of further study, as frequently the data referred to 'who' had responsibility for the student; this was clearly being linked to the notion of 'ownership'. The repeated articulation that there are two 'camps' that support students when in practice, the placement provider and the HEI, suggests that these groups may often work in collaboration rather than in a true partnership when providing student support. It is interesting to note the dictionary definition of both partnership and collaboration at this point. Collaboration is described as *to co-operate traitorously with an enemy or to work jointly*, whilst partnership is described as being *'one of a pair on the same side in a game or a person who shares or takes part with another, especially in a business firm with shared risks and profits'* (Cambridge University Press 2006). During the 1990s, responsibility for pre-registration nursing moved from NHS service providers to HEIs. There was an actual and emotional transfer of ownership of students, who were previously hospital employees, from service providers to universities (Walsh, Jones 2005). Whilst much was done to address this emotional divorce, with the publication of the Peach Report (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999) and the subsequent introduction of more practice-focused curricula, there remains an issue in relation to the perceived status of students when on placement in service provider organisations. Students are often left feeling as if they are outsiders and not part of the clinical team, and this is fully acknowledged by stakeholders:

*An issue is students not feeling like they are part of the team and having difficulty adapting to the dynamics within the established ward teams. Non-student stakeholder 3*

It therefore seems logical that the students soon learn that in order to 'fit in' and belong you have to 'keep the harmony'. This notion of doing what is required to 'fit in' must be also considered within an assessment context. Students recognise that it is people from within the team that will make the decision to pass or fail them on their clinical assessments. To challenge or not to conform to the norms within the group may be considered detrimental to the outcome of assessments, and thus it may be in the students best interests to 'keep the harmony'. Cross and Hicks (Cross, Hicks 1997) highlight the influence of such behaviours in relation to differing perceptions that clinical assessors have of professional competence in physiotherapy students and the extent to which implicit criteria contribute to decision making. The results of this study indicated that a broad range of assessment criteria was applied by the clinical assessors in the study, but from their individual bipolar constructs eight common dimensions were identified as being used to differentiate between students. Of these, the most influential were least amenable to objective assessment and, more importantly, highlighted the influence the conformity of the student had on the assessor's perception of their performance. Interestingly, the concept of 'conditional acceptance' into the team is summed up perfectly by one panel member:

*[Support needs to include social support for] being a team member – so long as placement staff are willing to accept them. Non-student stakeholder 3*

Again, for this domain outcome there are examples of excellent practice where students are welcomed and where there are post-holders, either employed by the service provider or the HEI, who regularly visit the student in the placement area to ensure that this welcome and inclusion is being facilitated. Such post-holders also ensure that the students' desire to 'keep the harmony' is not put ahead of their learning or safe practice (Jones 2006). The data suggest that students may often be unable to challenge cultural and practice norms, as well as being under pressure to conform. The need for dedicated moderation and mediation in such circumstances was identified as a consensus need in this domain and will be explored in the next section under the heading of advocacy.

### **3.3.3 Access to individuals that can act as an advocate for them**

There was consensus in relation to the need for the learner to have someone who could act as his or her advocate. It is clear that if the student is attempting to conform to the norms of the area in order to 'fit in', they may feel that in certain circumstances it is better to conform than to 'rock the boat'. If this need is not recognised and fulfilled it could pose a significant risk in terms of ensuring the student practices safely. An example of such a scenario was provided by one student:

*For example I am worried about my back. We were told [in university] not to move the patient like this but they say do it like this, but I am scared about my back. I did refuse to do it for a day; they did not force me, but they all made fun of me, so now I just keep the harmony.*

Student 2F

Indeed this may pose more of a concern in the first year of the student's programme, when they often find practice environments and staff frightening and overwhelming:

*I feel intimidated so do not like to say anything.* Student 3F

Non-student stakeholders recognised that this is an issue. They felt that it was important to provide specific support to enable students to raise and discuss any issues that may affect their placement, including personal difficulties or anxieties relating to academic or clinical work.

*Nursing practices being witnessed by students may be perceived to not comply with the best practice standards being taught. This can cause conflict for the student as often they are unable to discuss why this approach is being taken for fear they may be seen as criticising.*

Non-student stakeholder 3

One reason cited by stakeholders for why dedicated mediation and advocacy support is required by the student is that it might be needed when issues arise relating to the student relationship with their mentor. Students are frequently reported as being anxious about who their mentor is and what will happen if they don't get on with them.

Whilst from my own experience many students are capable of addressing concerns they have and are willing to do so, there may be occasions when they feel anxious or disempowered in relation to doing this. This is further emphasised in the work of Levett-Jones and Lathlean (Levett-Jones, Lathlean 2009), who highlight that students recognise the need to comply with the registered nurse's requests and keep her 'on side' if they are to pass the placement. Should this relationship break down, there is a clear need for the student to have an identified person, external to the placement area, whom they can contact easily and who can support them appropriately.

### **3.3.4 A level of supervision to learn and practise safely**

In this context, a safe environment refers to an environment that has the appropriate structures and processes to enable the student to learn and practise safely. The fundamental components of this provision identified by the panel include: not being placed in an area or a circumstance that could pose a risk to the patient, the public or the student personally; appropriate organisational and local induction; access to clear standards, policies and guidelines related to the area of practice; and a level of instruction and supervision appropriate to the student's level of training and competence.

*Students need to feel there is somebody to call upon immediately should routine care become suddenly outside their capability.* Non-student stakeholder 2

*Students need to feel safe about the care they are giving, i.e. not abandoned to carry out care they perceive as stretching their capabilities.* Non-student stakeholder 2

*[Student support means] adequate supervision for the student to undertake clinical skills within their level of competence. Student Q1*

Conversely, whilst it was recognised by all stakeholders that it was critical to secure a safe environment, specifically in relation to appropriate instruction and supervision, it was also identified that this outcome required strengthening:

*Students do feel abandoned. Non-student stakeholder 6*

*Students do feel out of their depth. Non-student stakeholder 6*

The need to feel safe is reflected by students who cite examples of when they have felt anxious in relation to being in an environment where they can learn and practise safely.

*High patient dependency occasionally leaves the student feeling out of their depth and worried. Student Q6*

*[First year student with four weeks' practice experience] There is no individualised support for your experience. I found a patient that had fallen and I just dealt with it, but the nurse said, 'Have you done an incident slip?' I did not know what to do or that I had to do this. Student F3*

The term adequate supervision and support was frequently used in relation to this outcome. There was absolute consensus that the student should have adequate supervision and support to enable them to learn and practise safely. However, there was a great deal of variability in relation to what ‘adequate’ means and indeed about how this is assessed and enacted within practice placement environments. The key point here is related to who should provide ‘adequate supervision and support’. The NMC (Nursing and Midwifery Council 2008) requires that,

*Whilst giving direct care in the practice setting at least 40% of the student’s time must be spent being supervised (directly or indirectly) by a mentor/practice teacher. When in a final placement this 40% of the student’s time is in addition to the protected time (one hour per week) to be spent with a sign off mentor. (Nursing and Midwifery Council 2008, p. 31)*

Stakeholders recognise the challenge facing mentors in relation to reconciling competing demands for their time and expertise. It has to be recognised that appropriate supervision and support is required across all the domain needs identified, and it is clear that there are challenges in relation to identifying how this should be provided. This subject will be considered more fully later in this chapter.

### **3.3.5 Support to cope with emotional aspects of care**

Stakeholders recognised the need to provide holistic support for students in relation to helping them deal with their emotional reactions when they are exposed to the reality of clinical practice for the first time, especially when they are involved in traumatic or distressing situations.

*Inadequate support may cause students to feel that they cannot cope with nursing and experience, and research has shown that some leave nurse education completely as the result of a poor placement.* Non-student stakeholder 5

Once again the issue of mentors finding the time to provide such support was highlighted:

*Mentors regularly do not have enough time to deal with students [at this emotional level].*

Non-student stakeholder 5

Evans and Kelly (Evans, Kelly 2004), in a study of the stress experiences of student nurses in a large Dublin teaching hospital, highlight five specific constructs pertinent to student nurse stress. These include clinical stress, academic stress, coping, emotions and personal factors that assist student nurses during periods of stress. Findings revealed some components of the clinical practice experience as leading stressors. Conflict between ideal and real practice on the ward, unfriendly atmospheres and being reprimanded in front of staff and patients were the three predominant stressors for students while on placement. Such stressors have the potential to contribute to students leaving their course. Consequently, the provision of adequate support services from a clinical and academic perspective was recommended; these findings concur with the view of Delphi panel members.



### 3.3.6 Professional socialisation

This domain outcome relates to the importance of student socialisation into the profession. This can be defined as:

*A complex interactive process by which the content of the professional role (skills, knowledge, behaviour) is learned, and the values, attitudes and goals integral to the profession and sense of occupational identity which are characteristic of a member of that profession are internalised. (Goldenberg, Iwasiw 1993, p. 4)*

This process has been described as the manner in which individuals fit into the professional system, conform to it and subsequently gain professional acceptance (Melia 1987, Mackintosh 2010, Fitzpatrick, White et al. 1996).

Stakeholders provided examples of important elements of the socialisation process:

*Students need to understand the context of the NHS they are working in.* Non-student stakeholder 2

*Understand working in a team and team dynamics in nursing.* Non-student stakeholder 2

*Socialisation into the ethos, values and culture of an acute Trust and the prime importance of the patient.* Non-student stakeholder 2

*Transition from the culture of the university to the culture of the NHS.* Non-student stakeholder 3

Supporting a range of needs across the domains will influence effective socialisation. The provision of positive and professional role models is an essential element in the socialisation process (Cope, Cuthbertson et al. 2000). In the practice environment, professional values can be reinforced, theory and practice integrated, and professional roles and values imparted (Murray, Williamson 2009, Murray, Main 2005, Howe 2002). However, as previously discussed, it is recognised that students may adopt poor practice or behaviours in order to 'fit in', if this is accepted as the contextual norm. This concept will be discussed further in chapter 4.

The mentor is cited as being critical in the socialisation process, preparing students for their professional role and ensuring that they reach the competencies required of a registered practitioner (Ousey, Gallagher 2010).

*The system is reliant on mentors acting appropriately and being good role models.* Non-student stakeholder 5

This reliance on the mentor once again highlights questions surrounding the challenging role of the mentor. If the mentor is key to effective professional socialisation, and we have already identified that this individual has multiple conflicting demands placed upon them, how effective this support is across the range of placement areas and during times of high NHS service demand is questionable.

### 3.3.7 Pastoral support

Pastoral support and care in this context is applied to the practice of looking after the personal and social wellbeing of the student. It can encompass a wide variety of issues, including health, social and psychological wellbeing. Interestingly, in existing standards, there is a lack of clarity in relation to who should support such needs. The Nursing and Midwifery Council's definition of the role of a mentor (Nursing and Midwifery Council 2008) does not include the mentor supporting needs that sit within the pastoral domain. One would assume, in educational terms, that a well-established theory such as Malsow's (Maslow 1971) would be fundamental in constructing any supportive learning environment. As previously discussed, Maslow identifies that if the learner fails to have their basic low-level needs satisfied then they are unlikely to fully address their higher-level intellectual needs. Stakeholders agreed that the student's psychosocial wellbeing should be considered during their time in the practice placement area:

*In my experience as an educator, one of the areas of need that I constantly find unmet with students in general is that of pastoral issues and work-related anxieties. Due to the fact that nursing students are predominantly female, and often mature, they necessarily tend to have caring and other responsibilities that impact tremendously on their placement learning. In my*

*opinion students generally receive inadequate support from both university and placement providers when experiencing such difficulties. Personal issues can contribute significantly to students failing placements and practice-based assignments, and it is my opinion that if students were encouraged to discuss personal difficulties at an early stage and more support could be provided then this could be avoided.* Non-student stakeholder 6

*In my opinion student support occurs at two levels: support with the learning process and at the more fundamental level of emotional and practical support.* Non-student stakeholder 2

Stakeholders identified a range of issues that may affect the student's ability to engage with their learning. These included working patterns; travel; childcare arrangements; financial issues; coping with the programme as a whole; and other personal issues. There was a real sense that whilst the overarching policy is to encourage widening participation in pre-registration nursing in terms of age, gender, ethnicity and previous educational background, the infrastructure and resources to support such learners is variable.

As one individual concluded, in relation to working patterns, expectation and reality are often two different realities:

*[There is] confusion regarding 'flexible working': what does this mean and how does it translate into practice? How do we tie up policy in terms of attempting to recruit individuals and stating that we have flexible working policies and then these do not translate into*

*something that has been promised at an academic level into practice?* Non-student stakeholder 5

This theme was identified by several participants:

*It is a challenge for programmes and student support to be structured so students can fit their family/social needs into the normal healthcare cycle on a scale that seems necessary because of the [number of] current students in the system.* Non-student stakeholder 6

*In an ideal world there would be more financial support/childcare facilities.* Non-student stakeholder 7

*Weaknesses include financial constraints in terms of funding travel [to placements] and books.*  
Non-student stakeholder 3

The issue of financial burden, linked to its impact upon the student in a social context, was highlighted many times. An example of a case study provided by one of the participants is presented below. This case study is an illustrative example of how financial hardship has the potential to impact upon the student's development and performance.

### Case Study

During the stakeholder workshops held as part of this study, a Practice Placement Support Nurse (PPSN) provided the following vignette. This case study has been cited here as it is relevant to the Delphi findings in this domain. This individual had a unique role in an NHS Acute Hospital Trust, providing holistic support for students who were undertaking placements in the organisation.

The PPSN was asked by the ward manager to work with a student who was failing to achieve her practice learning outcomes due to high levels of sickness and absence. The clinical staff were concerned as the student had, on more than one occasion, fainted whilst on duty. Having excluded any underlying disease, in consultation with the occupational health department, they were left feeling that the repeated periods of absence were due to a lack of commitment to the programme and the placement. Consequently, the student was at the point of having her practice assessment referred due to lack of progress.

The PPSN began to work regularly with the student and felt that she was motivated, capable and caring. She slowly began to gain the trust of the student and began to discuss how she was coping with the programme generally. After some time, the student disclosed that she was having financial difficulties and was struggling to pay the rent on her flat with the bursary funding she was receiving. In order to ensure that she could pay her rent she rationed her food intake. At the same time, the nurse discovered that the student could not afford a refrigerator and was thus keeping her chilled foods in a bowl of cold water. It became clear that the student, due to poor diet and food hygiene, was the subject of frequent opportunistic infections, this being the underlying cause of her sickness

and absence.

The nurse, in partnership with her university-based personal tutor, supported the student to seek additional financial support through the university's student hardship fund and other sources. The student went on to achieve at a high level on the programme and completed her course. She is now an excellent staff nurse.

Stakeholders identified the importance of relevant personal needs being identified and supported effectively:

*At the beginning of pre-registration nurse training, students should be encouraged to discuss personal issues which may cause them difficulty during the course. Realistic ways to address such difficulties could then be identified from the outset and raised at each placement in order that appropriate support could be provided.* Non-student stakeholder 7

*[Students should have access to] student support services that are realistic and have synergy with practice.* Non-student stakeholder 7

*Students should have access to Trust resources for the duration of their placement, such as child care, day centre care for older and infirm relatives, counselling services and financial advice.* Non-student stakeholder 7

*Link teachers are often only aware of specific placement issues and may be unaware of student prior issues/problems when advising staff.* Non-student stakeholder 5

In this domain, stakeholders highlighted the need to provide pastoral support for students to help identify and address any psychosocial needs they may have which could impact on the practice placement or on their progression through the programme. A recent national survey of student nurses (Unison 2010) identified that over 50% of students had considered leaving their course in the previous year due to financial difficulties and, among those who did leave debt was the decisive factor for 78% of them. The survey also highlighted that the proportion of students who believe that time consumed by additional paid employment, undertaken to supplement their income, detrimentally affected their studies was 74%. The survey suggests that the age profile of healthcare students had been moving steadily upwards over the previous five years, reaching an average age of almost 40 in 2009. Running parallel with this trend was the increase in the number of healthcare students who were homeowners (60%) and the number of students supporting dependents (58%). Such findings concur with the views of stakeholders in relation to the importance of providing holistic pastoral care for learners during practice placements.

### **3.3.8 Support to manage with competing demands**

This domain relates to helping students cope with the multiple demands of the course and assisting them to balance programme requirements for theory and practice placements. Support in this area also includes supporting the learner to cope with and adjust to the differing cultural norms across placement areas.



*Students can often face difficulties within practice settings, many of which are related to the conflicting nature of multiple roles that the students take on. Non-student stakeholder 3*

Support needs cited in relation to this were often practical in nature:

*As an NHS apprentice, the students are expected to adopt the cultural norms of the NHS yet do not get the benefits that an employed apprentice has. This can be down to basic issues like not being able to access IT infrastructures, as they are not given a password. This can result in conflicts between work set by the university, e.g. [to] review the local policy on a topic, and then the student not being allowed to access the policy within the placement setting. Non-student stakeholder 3*

*Within the university setting we are asking them to take up the opportunities to be a student and engage in activities, etc. We expect them to be fairly self-sufficient and self-directed in aspects of their learning and to adopt an inquiry-based approach. This often results in students wanting to understand more about why things are done and questioning practice. Some mentors and practice staff find this questioning approach difficult and can put up barriers to students. The students see other university students having more time off to have part-time jobs, etc. Non-student stakeholder 3*

One mechanism for coping with competing demands seems to be through peer support networks. Ensuring that peer support networks are facilitated was thought by some stakeholders to be key to providing good student support.

*Peer support is also a very important need of students, particularly if they are in an environment where they are the only student.* Non-student stakeholder 2

*[To strengthen the current system for first years] a buddying system for students from 3rd year colleagues could be added to the pre-registration programme.* Non-student stakeholder 3

*When other students on the ward provide support to those who need it, the more experienced teach the newer students; then students don't feel so isolated.* Student stakeholder 1

*I find that students support each other more than staff members.* Student stakeholder 4

The key support needs for this domain were considered to be ensuring that there were opportunities for students to support each other when in the placement area and that students had access to someone who could offer advice and guidance in relation to managing their competing educational and cultural demands.

Stress, particularly related to academic workload and assignments, has been identified as a factor in student attrition (Orton 2011). Deary et al. (Deary, Watson et al. 2003) identified that students' coping mechanisms change during their course as stress levels increase. Lack of visible support when in practice placement could leave the student vulnerable to stress, as they are unable to reconcile and manage all the demands placed upon them.

### 3.3.9 Support for special needs

Stakeholders recognised the need to ensure that any special needs the student might have were identified and well supported. Special needs in this context seemed to be linked to areas of need in relation to disability, and in particular dyslexia support; religious needs; and pregnancy needs.

*[Support needs are] disability support – students with dyslexia. Non-student stakeholder 2*

*Religious beliefs clashing with shift patterns. Non-student stakeholder 3*

Stakeholders highlight problems in identifying these needs in a timely manner in order to ensure they are addressed in the practice placement area:

*[A key need is] support for students who are pregnant or have a disability and it's too late to institute reasonable adjustments. Non-student stakeholder 2*

*[There are] difficulties with support for students with disabilities in clinical practice; students have support at a HEI level, but this can be difficult to translate into practice.* Non-student stakeholder 6

Clearly, if a student has a special need this requires initial identification as well as a package of support to accommodate their requirements. This requires a partnership approach, as it will be important that such needs are recognised and supported on campus and in the practice placement area. Failure to identify and address these needs may impact on student and patient safety or student achievement and progression.

*Supporting students who have disability needs or who are pregnant is difficult to either anticipate or to respond to supportively, often because students do not declare their disability or their pregnancy and it's discovered at the last moment or when they are failing.* Non-student stakeholder 6

Stanley et al. (Stanley, Ridley et al. 2007), in a study commissioned by the Disability Rights Commission as part of its formal investigation into fitness standards in social work, nursing and teaching, explored the process and consequences of disclosing disability from the perspectives of disabled professionals, including student nurses, and asked how they felt disclosure could be promoted. The research focused on professionals with unseen disabilities in statutory agencies; however, those with visible disabilities were also included. They highlighted that disclosure was likely to be a series of steps or negotiations, particularly for students who had to disclose repeatedly to

different placement settings. Students in this study reported that their experiences of attitudes and adjustments in placement settings often compared less favourably with the responses they had received to disclosure from universities. Participants felt disclosure could be made easier by environments becoming more 'disabled friendly'. Ways of achieving this included having a key contact person to advise and support disabled people contemplating disclosure; providing disability awareness training, especially for managers and those supervising placements, and through sharing positive experiences. In this context, this would require the availability of a named individual, or champion, who could provide appropriate advice and guidance for those who disclose a disability. However, consideration would need to be given to facilitating a trusting, supportive relationship with someone in the placement environment to support initial disclosure and provide continuity of support once disability is identified.

It has been identified that between 3% and 5% of the nursing population has dyslexia and/or dyscalculia (Dale, Aitken 2007). Encouraging disclosure and supporting students in the placement area is therefore critical for student achievement and progression and, most importantly, for patient safety. Evidence demonstrates that much more focus is required in this area, as practice placement awareness and support remains variable (Dale, Aitken 2007, Morris, Turnbull 2007).

### **3.4 Knowledge-centred needs**

There was consensus that the needs for knowledge-centred support were:

- Pre-placement preparation in relation to developing relevant skills
- Formal facilitated learning/learning opportunities in practice

- Specific support to link theory to practice
- Periods of facilitated reflection during the placement
- Learning opportunities that challenge or develop students' practice
- Protected time for learning during practice placements
- A safe environment in which to practise and develop skills
- Clear direction in relation to learning in practice

There was a real sense amongst stakeholders that there needed to be a focus on pre-placement development of essential clinical skills aligned to the practice placement area. It was felt that this preparation could support the student in making the transition into practice, especially early in the programme. Kleehammer et al. (Kleehammer, Hart et al. 1990) support this view, having identified that the initial clinical placement was the most stressful for students; fear of making mistakes and undertaking clinical procedures were cited as the most anxiety-provoking concerns.

*Adequate skill preparation prior to arrival so they are technically capable of undertaking tasks but not [for the first time] with real patients.* Non-student stakeholder 2

*[A key need is] having opportunities for practising some skills, e.g. aseptic technique, injection giving, that are not very common on children's wards.* Non-student stakeholder 3

Stakeholders felt that it was important for educators to have a contemporary understanding of the practice placement environment to ensure that the student was well prepared and could make the most of the learning opportunities provided. Indeed it was considered, by some, an educational risk if this was not done.

*Inadequate preparation of the student for the placement risks them not getting the best out of the experience.* Non-student stakeholder 5

However, it is important to set this need within a sound educational frame and to recognise that formal clinical skills training limits learning only to when the resource is available, rather than to when an authentic learning experience presents in the clinical area. Learning needs to be grounded in experience and exposure and encourage incremental development (Rennie 2009). As such, pre-placement 'skills' exposure is possibly best viewed as a common platform for ongoing development and for progressing to mastery of the skill within the practice environment.

### **3.4.1 Provision of formal facilitated learning opportunities in practice**

This domain need may seem obvious in that the provision of formal facilitated learning opportunities for a student on any academic programme would be considered fundamental. However, it is interesting to note that there was concern raised by all stakeholders that sometimes learning opportunities in a practice placement were not formally planned and facilitated. The majority of stakeholders on the panel highlighted that most learning that occurred in the placement area was accidental or opportunistic. There were few opportunities for formal facilitated learning to occur

during the placement and, as such, learning lacked clear direction and quality. Whilst it was acknowledged that such accidental learning was valuable, it was felt that this should be supported by facilitated inquiry and reflection to maximise relevance. Students provided personal perspectives on this issue, citing lack of time and engagement with student learning by placement staff as key issues.

*[Weaknesses are] lack of support from trained staff due to [their] heavy workload, being treated as a HCA, not being treated [as] a supernumerary [and] staff uninterested in teaching students. Student Q3*

*You have to manage your learning yourself – say what you want to learn, arrange visits, just ‘jump in’, because if you don’t you will just be left standing there. Student F1*

*The medical staff go into the side room for teaching; it would be nice to do that. Student F1*

*[Needs are] having approachable staff to seek advice and support when necessary. Working with staff that are willing to teach students and spending time with the student to enhance student knowledge/competence. Student Q2*

*[Weaknesses are] being treated as a healthcare worker and an extra pair of hands on the ward, not always fitting in and staff nurses not having a lot of time to spend with students to teach them. Student Q5*



*It would be nice to have proper teaching sessions.* Student F1

Other stakeholders concurred with the views of the students and recognised that there are weaknesses in the current system.

*They [the students] become a 'pair of hands' in their placement rather than having a learning experience.* Non-student stakeholder 3

It was interesting to note that one stakeholder felt confident enough to make the following statement in relation to staff engagement:

*There is general apathy amongst staff in relation to students undertaking placements within the department.* Non-student stakeholder 5

A variety of rationales were provided for why formal facilitated learning does not occur in a consistent manner. These included inadequate staff time; lack of support and development for staff in fulfilling their educational role; lack of integrated facilitation and planning in relation to embedding learning into daily routine; and a focus on assessment rather than on learning and teaching.

*Formal teaching sessions are inevitably workload dependent and also reliant on trained staff's enthusiasm to undertake formal teaching sessions. Non-student stakeholder 6*

*Depending upon workload, it is sometimes easier to ask someone who knows how to complete the task to do it rather than spending the time teaching another student how to do a particular task. Non-student stakeholder 6*

*Ward Managers/Senior Managers need training and support in order that they are able to facilitate the development of a strong learning culture within their departments. Non-student stakeholder 7*

*[ Weaknesses are] staff not discussing their plans for care delivery prior to undertaking care activities and not undertaking a debriefing session or giving students feedback immediately at the end of care delivery activity, e.g. end of shift. Non-student stakeholder 3*

*There is a tendency to focus on completion of the clinical document and the skills inventory rather than making the best use of the range of learning opportunities available on the placement. Non-student stakeholder 5*

These findings are not new. There has been much debate on the capacity of the mentor in relation to facilitating learning and teaching alongside their other responsibilities as well as in relation to their capacity to develop deep learning in students in practice settings (Jones 2006, Andrews, Roberts 2003). Spouse (Spouse 1998), in a longitudinal study investigating the professional development of pre-registration nursing students, identified the importance of sponsorship for their learning by a member of clinical staff and participation in legitimate peripheral learning activities in the practice environment. In the absence of effective sponsorship, students found it difficult to participate in clinical activities or to learn. As a result, their professional development during placements became stunted, with subsequent implications for their professional future. This confirms the need identified by stakeholders to identify sponsors for the students' learning within the placement area and to formally identify and facilitate formal learning opportunities.

### **3.4.2 Provision of specific support to link theory to practice**

This domain outcome links with the previous one in that its focus relates to the facilitation of formal facilitated learning in the placement area. However, this domain need is specifically concerned with how learned theory is applied to clinical and professional situations and how practice experiences can be utilised to broaden engagement with, and knowledge of, a broad, practice-related evidence base. It is important to note that in this area stakeholders recognised that applying theory to practice was not a linear process. In this context the learner is not simply taking a learned theory and enacting this, as written, in a practice setting, but sees it as a more facilitated, cylindrical process in which knowledge from the theoretical components of the course are situated in a context arising from the placement (Cope, Cuthbertson et al. 2000).

*Students need to learn how to learn from practice and to make links between theory and practice and practice and theory. Non-student stakeholder 2*

Students and other stakeholders raised concern that often students found it difficult to situate theoretical knowledge in complex practice environments:

*Students are often worried about a dichotomy of what is taught theoretically and how they are being taught practically. Non-student stakeholder 3*

Stakeholders recognised that facilitation was required to enable learning at the theory–practice interface. They identified that the resources available to provide this facilitation were challenged and made suggestions for what might be ideal.

*Student support means help with your practical placement and also help to link [the] academic and practical. Student Q1*

*There are [sic] a lack of knowledgeable practitioners willing to challenge students' thinking and help them relate theory to practice. Non-student stakeholder 6*

*[There need to be] structured programmes linking theory and practice.* Non-student stakeholder 2

*I think the American system would be much better for students (where lecturers pick out patients for students to care for and go out and care for the patient with the student). This would reduce the theory– practice gap and ensure that lecturers stayed up to date, but it would require an increased lecturer workforce so is unlikely to happen.* Non-student stakeholder 7

Much has been written and explored in relation to ‘the theory-practice gap’ in nurse education (Ousey, Gallagher 2010, Maben, Latter et al. 2006, Rafferty, Allcock et al. 2006). For the purposes of this study, considering how learning at this interface will be facilitated is key to providing student support in the practice placement environment.

### **3.4.3 Provision of periods of facilitated reflection during the placement**

Schon (Schon 1983) suggests that the capacity to reflect on action so as to engage in a process of continuous learning is one of the defining characteristics of professional practice. The cultivation of the capacity to reflect in action and on action has become an important feature of professional development in nursing. Encouraging reflection is seen as a particularly important aspect of pre-registration nurse education, and it can be argued that the development of ‘real’ reflective practice requires another person, as mentor or professional supervisor, who can make appropriate enquiry to

ensure that the reflection is effective (Atherton 2011). Facilitated reflection is an important tool that can be utilised to develop and enhance practice through theory-practice integration.

Stakeholders recognise the need for students to, '*learn to reflect on their clinical and personal experiences*' (non-student stakeholder 2). This said, there was a concern that reflection was not always facilitated effectively during the practice placement period.

*There is not enough reflective practice or critical appraisal whilst on placement.* Non-student stakeholder 5

*Reflection on practice experiences – there is not always time for a mentor to reflect on and discuss the events of the day with their student.* Non-student stakeholder 6

It is thus important for stakeholders to consider how best to facilitate reflection by the student when in practice placement as a tool to enhance learning, development and professional practice.

#### **3.4.4 Provision of learning opportunities that challenge and develop the students' practice**

The data in this area raised significant concerns in relation to the provision of appropriate learning opportunities that would enable effective clinical progression for the student from novice to

competent 'point of registration' practitioner. Time and time again stakeholders and students identified that clinical practice experiences did not adequately allow the student to practise the full range of skills required for professional practice. Equally, students worry that they are learning from unqualified staff and are spending the majority of their practice time working at this level. Such concerns are reflected in the statements below.

*I spend 80% of time with the HCA and 20% of time, or just the drug rounds, with the qualified nurse (unless there is something no one else wants to do). Student F2*

*It's hard to detach yourself from the HCA as they see you as help. Student F4*

*[Weaknesses are] being included in the numbers, not spending enough time with registered nurses and not enough exposure to certain skills. Student Q5*

*Students experience difficulty in accessing learning opportunities either because staff do not think the student needs to, it's too busy and they want the student to provide basic care or because the registered staff think it will take longer if they have a student with them. Non-student stakeholder 3*

*Whilst students are granted supernumerary status, the workload of a clinical setting will inevitably impact upon their experience. This may result in them working alone or with healthcare assistants or senior students rather than their mentor who needs to fulfil her duties to her patients first and foremost. As a result their learning opportunities may be compromised, limited or even inappropriate.* Non-student stakeholder 5

*Because the student is being used to carry out simple routine care to meet the needs of the clinical environment, they are not able to move their learning on or observe the whole patient experience.* Non-student stakeholder 3

The panel members recognised that this was a significant issue and that support should be identified to ensure placement experiences were appropriate and developmental.

*There needs to be dedicated time provided for mentors to assess students and for performing more clinical skills over HCA work every shift.* Student Q7

*Students need to be allowed to move their experience on by being put in situations that do stretch them with supervision, not constantly repeating routine care.* Non-student stakeholder



Once again the theme of the 'challenging role of the mentor' appears. In the absence of a mentor to identify and facilitate appropriate learning opportunities, individual student progression has the potential to be as variable as the quality of the support offered. It is therefore important that HEIs and placement providers consider how consistent support in this domain will be achieved. If appropriate learning opportunities are not provided, students' competence and confidence to practise has the potential to be compromised.

### **3.4.5 Secure, protected time for learning during the practice placement**

It is a regulatory standard that student nurses have supernumerary status during practice placements. This means that students are not factored into standard, safe establishment numbers on clinical rosters. Stakeholders recognised this was important as it allowed the student freedom to undertake appropriate learning opportunities.

*Supernumerary status respected properly encourages the learning experience; students may be free to follow the patient journey as they are not counted in the ward numbers. Non-student stakeholder 4*

*Students should be truly supernumerary to allow them time to learn, research things they are not sure of and follow the patient journey and experience properly. Non-student stakeholder 7*

This said, the data clearly identify that supernumerary status is sometimes challenged. Historically, students were employed by hospitals and, as such, were utilised to assist in the delivery of care. As described in chapter 1, following the introduction of project 2000, students gained full university 'student status' and as their presence in the clinical area took on a supernumerary role the number of hours spent in clinical areas reduced. The new post-2000 curricula (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999) placed increased emphasis on the practice placement both in terms of hours and in the level of learner participation; however, supernumerary status was maintained. Stakeholders provided examples of the conflicting nature of supernumerary status versus being part of the placement area workforce.

*[Students need] self-directed study away from wards. Wards should not use students to make up staffing numbers and mentors should be shown how to get the most from their students.*

Student Q7

*Students do not always perceive that they are supernumerary because of sometimes perceived inadequate established staffing levels.* Non-student stakeholder 6

*There is a lack of time for students to actually research and learn.* Non-student stakeholder 5

Delphi panel members provided examples of why students need protected time to learn and the opportunities available if this was achieved.

*Students should be encouraged to take time out of the learning environment during the placement to meet with their peers and discuss their experiences.* Non-student stakeholder 7

*[On placements] students should be allocated study time to go and learn.* Student Q7

*[Needs are] to provide support sessions for students out of the ward area – to discuss highs and lows and practicalities of documentation completion.* Non-student stakeholder 7

It is interesting to note that when most stakeholders refer to examples of protected time for learning they refer to opportunities to remove students from the direct clinical environment to reflect upon or undertake learning related to actual clinical experiences. This suggests that they may feel that the clinical environment is not as supportive as it could be in relation to enabling students to engage in learning opportunities.

It is evident, then, that there is variability in relation to how students are provided with 'protected time' for learning. Statements such as those above suggest that there is a need to secure this 'protection' as it is not consistently afforded. It might be assumed from the data that learning 'in' and 'on' action in the clinical area is not always underpinned by formal reflection and deeper learning. However, the data do not allow for confirmation of this but do isolate the consensus that protected time for learning should be secured during the practice placement. If protected time for learning is to

be secured, it is important that stakeholders consider how this will be achieved and also how this will facilitate effective or enhanced learning.

#### **3.4.6 Provision of a safe environment in which to practise and develop skills**

For this domain outcome the term 'safe environment' relates to a supportive environment where students feel that they have the underpinning knowledge, experience and appropriate level of supervision to practise and develop their nursing skills. Panel members varied in their opinions on the level of support required in this area. These ranged from a belief that the students need exposure to clinical skills to the view that there is a need for continuous one-to-one skills teaching.

*[Students need] supervision and opportunities to develop clinical skills and delivery of patient care and effective communication. Non-student stakeholder 3*

*Students need to feel supported ... they need to have the opportunity to learn through observation, which requires the qualified nurses to have the appropriate knowledge and skills. Students need to feel safe. Non-student stakeholder 2*

*[Needs are] adequate supervision for the student to undertake clinical skills within their level of competence. Student Q2*

Similar themes to other outcomes in this domain emerged in relation to the challenges faced by students in seeking the level of support required.

*Sometimes there is an inability to gain supervised practice in complex skills, i.e. drug administration and complex dressings, due to time pressures on the mentor.* Non-student stakeholder 3

The importance of supervision levels and the availability of a facilitator for effective skills development were consistently raised by stakeholders:

*High patient dependency occasionally leaves students feeling out of their depth and worried.*  
Non-student stakeholder 5

*Students worry about being asked to do things that they are not competent at and therefore they avoid them.* Non-student stakeholder 3

*[You need support with] basic care work like washing patients if you have not done it before.*  
Student Q2

*Students need one-to-one skills teaching.* Non-student stakeholder 3

A key need in this area is the availability of staff who can support knowledge and skills development either in a simulated clinical environment or, with adequate levels of instruction and supervision, in the actual clinical environment. This will allow students to develop competence in a safe, low risk manner. This notion is well documented and, as previously described, sponsorship by a member of clinical staff and participation in legitimate peripheral activities (nursing skills) is important (Spouse 1998). Prescott (Prescott 2009) found that learners value support from highly visible, approachable expert practitioners who are able to scaffold their learning and provide tailored support, clarity and consistency in the demanding clinical setting. Thus, it is important to note that exposure to the clinical milieu alone is not sufficient to support effective skills development. The application of theory to practice is complex: without effective support, knowledge will remain hidden and will not be assimilated (Hislop, Inglis et al. 1996).

#### **3.4.7 Provision of clear direction in relation to learning in practice**

The need to ensure that students are provided with clear direction in relation to accessing appropriate learning opportunities and resources that will enable them to achieve their learning outcomes for the placement was recognised uniformly by stakeholders.

*Students need to be directed to appropriate learning resources and opportunities.* Non-student stakeholder 2

Stakeholders comment on the need to provide adequate time to plan and implement placement objectives with students. It was also noted by many that it was equally important to ensure that those

who were supporting students were themselves clear about the learning needs of the students and how their needs could be met.

*[Weaknesses are] staff not understanding what kind of learning students need to undertake and delegating inappropriate activities. Seeing themselves as sign posts or route maps rather than the driver of the car that is taking the student to the destination* Non-student stakeholder 3

It was indicated that without an identified and visible ‘driver’ the student may be ‘*left unsupported for long periods of time without clear direction*’ (non-student stakeholder 3). Whilst such a notion might fuel intellectual debate regarding the andragogical validity of the students themselves not being situated as the ‘driver’ in this context, the overall feeling was that the student will require a degree of direction in relation to achieving their placement learning outcomes.

### 3.5 Assessment-centred support needs

The consensus needs for assessment-centred support were:

- A named mentor
- Frequent feedback on their performance
- Close and consistent observation as part of the assessment process
- Support for other elements contained within regulatory standards assigned to mentors

As an introduction to this domain, the regulatory requirements for the assessment of student nurses are outlined. The quality of student assessment in relation to ensuring that they are 'fit to practise' and enter the professional register has been the source of much national concern and debate (Duffy 2003). The NMC responded to these concerns with the publication and implementation of new standards for supporting learning and assessment in practice (Nursing and Midwifery Council 2008). These standards set out new mentor preparation and development requirements and are explicit in relation to the accountability of those who will 'sign off' students as being fit to practise. Such responsibility sits firmly with the practice mentor. The NMC Mentor Standard (Nursing and Midwifery Council 2008) outlines the range of student needs that mentors should support; these can be seen in figure 18.

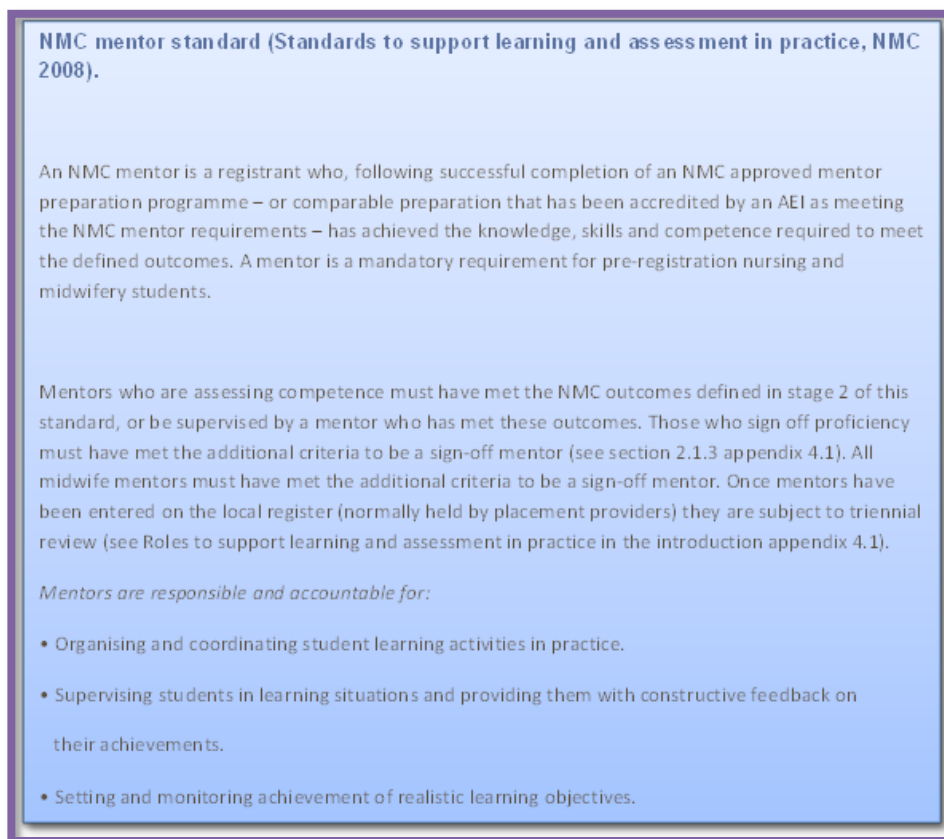


Figure 18 NMC mentor standard



Panel members drew attention to certain elements they considered important in relation to the role of the mentor:

*Students require a well-structured system to facilitate and support their learning and development. This would include identification of a named mentor throughout their placements and time devoted at the beginning of the placement to forming a constructive relationship. Subsequently, the negotiation and setting of clear aims and objectives specific to the individual needs of the student and regular time set aside away from the work environment to review and discuss progress and engage in reflective learning and discussion in a supportive manner are key learning needs.* Non-student stakeholder 2

Panel members consistently identified the mentor as being pivotal to the student experience:

*When it works well the mentor system is fantastic – supportive, creative, nurturing and students report great experiences where they have been facilitated to learn and encouraged to question both practical and clinical skills.* Non-student stakeholder 4

*The majority of mentors act as good role models and go out of their way to give students good support whilst in placement.* Non-student stakeholder 4

*The mentor is pivotal to the student experience ... some mentors are excellent and have a sound understanding of their role.* Non-student stakeholder 4

The consensus was, in line with the regulatory standard, that students should be allocated a named mentor who will support and assess the achievement of their practice placement learning outcomes. However, two strong themes emerged in relation to this: 'time' and 'timeliness'.

### ***Time***

A key theme emerged in the data in relation to the challenging role of the mentor. In this domain, the challenge related to the mentor having enough dedicated time to work with the student to facilitate the learning and assessment process. Stakeholders repeatedly expressed the need for mentors to have adequate or 'protected' time to undertake the assessment process with the student. The notion of protected time in this context is identified as time during the working day when the mentor can spend time, undisturbed, with the student, identifying and addressing their needs and fulfilling assessment requirements. The identification of the need to 'secure' such time indicates that such time is not always afforded.

*Mentors need secured time with their student.* Non-student stakeholder 7

*Trust's [sic] need to ensure they build mentorship training into the ward staffing levels and also build in protected time for mentors to spend with students.* Non-student stakeholder 7

*[Weaknesses are] time available with the mentor. Student Q5*

*[Needs that are not currently met are] having private time with your mentors to complete interviews and clinical assessment of practice documents. Student Q6*

Linked to this was the importance of managing staff rosters so that the student's and their mentor's working patterns were aligned, thus enabling the student to work with the named mentor for the optimum amount of time.

*[Weaknesses are] mentor allocation and shift patterns. Non-student stakeholder*

*Students do not get allocated a mentor or the mentor is in name only and does not give them any support. Non-student stakeholder 3*

*Rosters do not allow students to be on shift at [the]same time as the mentor or inadequate preparation means the mentor is away, off sick, on holiday or on maternity leave. Non-student stakeholder 5*

*[Needs that are not currently met are] not always working with your mentor. Student Q6*

*Lack of time is given [sic] to the development of the student/mentor relationship.* Non-student stakeholder 3

There seems to be inconsistency in relation to the time and level of support provided by mentors across the range of practice placements, and the impact of this on robust assessment must be considered.

### ***Timeliness***

The second linked theme in this area is related to timely allocation of a named mentor. Panel members provided repeated examples of when mentors were either not allocated prior to the practice placement or on arrival at the placement.

*[Weaknesses are] students arriving at placement to find they have not been allocated a named mentor.* Non-student stakeholder 3

*[Weaknesses are] late allocation of mentors.* Student Q5

To summarise, stakeholders agreed that students need to be allocated a named mentor in a timely manner and that mentors should have sufficient time available to ensure that student learning and assessment needs are adequately addressed.

### 3.5.1 Provide students with frequent feedback on performance

Many needs in this domain are intertwined, with the time mentors have to fulfil their role being a frequent common denominator. This need can be simply summarised as ensuring that students receive frequent feedback in relation to their performance throughout the placement. Such feedback may be advisory, developmental or rewarding in focus especially providing the following:

*Constructive, regular feedback on their performance.* Non-student stakeholder 2

*Praise where and when appropriate.* Non-student stakeholder 2

Once again, the impact of time constraints on the mentor's ability to achieve this was noted.

*Mentors do not have enough protected time to support students and students do not always get timely feedback.* Non-student stakeholder 6

Clearly, any developmental process requires feedback to the learner on their performance to shape and develop appropriate skills and behaviours. In the absence of regular feedback, poor practice and behaviours may continue and positive ones may not be endorsed. Theoretically, depending upon the time frame for the placement, there may be potential for negative behaviours to become embedded without adequate time being available to rectify these before the end of the placement.

### 3.5.2 Facilitate close and consistent observation as part of the assessment process

Results in this area can be sub-categorised as the need for ‘close’ and ‘consistent’ observation and assessment related to student progression and achievement of competence across a breadth of skills.

There was a view amongst stakeholders that the assessment process would be sub-optimal without adequate opportunity being provided to allow the mentor to observe the student holistically, over time, in order to make a judgement on their competence and professionalism. Worryingly, stakeholders communicated that they felt that mentors did not always have the time required to undertake assessment properly; some felt that they did not always fully observe the student when making an assessment of their competence. Some held the view that, on occasions, mentors may rely on more tacit factors such as personality or ‘likeability’ in making an assessment decision:

*Mentors are not always working to the same standard – cannot guarantee that the student experience is fair and equitable.* Non-student stakeholder 6

*[Weaknesses are] mentors not having time to undertake assessment properly.* Non-student stakeholder 5

*[Weaknesses are] staff not making a visual assessment of their capability and thus making assumptions about their capability.* Non-student stakeholder 3

*Assessment is sometimes undertaken by nurses who do not know the students very well and so the student's reputation becomes more important than their practice.* Non-student stakeholder 5

Panel members agreed that there was a need to ensure that assessment in practice was rigorous and based on hard evidence and that there was '*appropriate sign off of learning outcomes*' (non-student stakeholder 6).

The potential variability in the time needed for and the level of observation linked to assessment may be one explanation for the second theme in this area – the need for consistency. There was a view amongst stakeholders that students sometimes felt that elements of their practice-based assessment had been unfair. More pointedly, they stated that there was variability amongst mentors in the rigour of observation and the level of evidence required for achievement.

*Students do feel elements of their assessment have been unfair.* Non-student stakeholder 6

*In the first year you are unsure; you get lots of conflicting advice.* Student F1

One student explained that the level of evidence required for achievement depends largely on the individual mentor:

*I filled it in as I was told [the portfolio of evidence] and they said [the mentor] you've done it wrong, you don't need to do all that I just need to sign it and it will be ok. Student F2*

*Some mentors just tick the box, they don't check evidence; some do, some spend ages on it.*

Student F1

Such findings are a major concern. Stakeholders agreed that addressing inconsistency and rigour of assessment was a high priority. They communicated the importance of ensuring mentors are fully prepared and knowledgeable about assessment requirements, even providing examples of how rigour might be enhanced.

*[Placements would be enhanced by] investment in assessors [mentors] in practice, to understand assessment and ensure they themselves are competent. Non-student stakeholder*

7

*Assign senior mentors, who have protected time, to assess specific areas of student competence, i.e. drug administration and asepsis (these staff would have to be assessed as assessors to ensure they are fair and equitable). Non-student stakeholder 7*



Clearly, stakeholders need to consider how assessment is consistently applied and moderated but equally how models of support enable close and consistent observation to be facilitated across the full range of practice placement areas. The mentor, as a registered nurse, should be fully aware of their accountability for adhering to any regulatory standards. If such variability is evident within the current system then it would be worthy, if not essential, to explore whether there is a correlation between the mentor's 'time' issue and a lack of close observation and depth of evidence obtained when assessing the student. It is not surprising that the issue again falls at the feet of the challenging role of the mentor and the competing demands for their time and attention.

### **3.5.3 Support for other elements contained within regulatory standards assigned to mentors**

Finally, in this domain, the panel members identified that when supporting students in practice there is a need to adhere to the NMC standard for mentors in relation to assessment (Nursing and Midwifery Council 2008). Feedback was provided in relation to some of the challenges faced in adhering to this standard. The feedback identified that there may be a disconnect between the NMC requirements for mentors and the reality of applying these successfully in contemporary NHS practice environments. Many such problems relate to pace of work, complexity and competing demands for nurse time.

*Staff are too busy to sign off student learning outcomes or give them their different assessment interviews.* Non-student stakeholder 3

*With the high numbers of sessions that mentors have to attend just to meet mandatory training requirements it is difficult to release staff for mentor updates. Not all mentors are on the live register [of mentors].* Non-student stakeholder 6

This raises the question of whether ongoing reliance on the mentor alone for practice assessment is sustainable. The current economic climate requires the NHS to save £15–20 billion by 2014 to meet growing demands at a time of ‘flat cash’ investment (Parliament 2011). Such efficiency gains will be achieved through changes in the nursing workforce skill mix, heralding the potential introduction of higher-level support workers or assistant practitioners. This may result in even fewer mentors being available to support students. It may thus be timely to consider how effective assessment might be facilitated into the future; this will be discussed in the final chapter.

### 3.6 Quality-centred outcomes

There was a set of needs defined by the panel as being important in relation to the provision of effective student support. These related to the systems for providing, monitoring and continually improving the quality of the placement itself.

The consensus needs for quality-centred support relate to:

- Well-planned, coordinated placements (including capacity management)
- Placements which meet relevant standards
- Access to well-prepared, competent teachers and mentors

- Access to staff facilities such as lockers/learning-related computer access
- Access to on-line resources when in practice
- Access to a range of professionals to help deal with issues that arise in or from practice
- The skill mix of staff monitoring in relation to its impact on the quality of the placement experience
- Academic staff to develop and promoting strong links between the HEI and the placement area
- Clear lines of responsibility in relation to roles that support the student in practice

It is important to recognise that there are multiple regulatory and contractual quality standards relating to practice placement learning. Such standards include the *Quality Assurance Agency for Higher Education (QAA) Placement Learning Precepts* (Quality Assurance Agency 2007), the *NMC Standards for Pre-registration Nursing* (Nursing and Midwifery Council 2010) and *Education Commissioning for Quality* (Department of Health 2010). In identifying the support needs of students during practice placements any such national 'live' standards would need to be taken into consideration. For the purpose of the Delphi it was important to gain consensus from the panel regarding the factors they considered important in relation to the ongoing quality enhancement of practice placements. There was consensus amongst stakeholders that it is important that stakeholders take responsibility for ensuring that placements meet key standards and thus facilitate effective student support, learning and assessment.

*The use of quality assurance and enhancement methodologies is important to strengthen the current system.* Non-student stakeholder 2

### 3.6.1 Well-planned, coordinated placements (including capacity management)

It was thought essential that student placements be well planned and coordinated for two main reasons:

*To ensure the placement offered provides the learning opportunities required to achieve specific learning outcomes.* Non-student stakeholder 2

*The range of placements available can allow nurses to be prepared for a range of future professional careers.* Non-student stakeholder 4

Monitoring placements to ensure that they can adequately support the number of students placed in them is part of the university's regulatory audit responsibility. Ensuring placements are coordinated in a way that supports the breadth of experiences required to fulfil programme requirements for all students requires effective partnership working between placement provider staff, the university and education commissioners (Walsh, Jones 2005).

### 3.6.2 Placements meet relevant standards

In relation to this need, the panel recognised the variability in quality of placement environments and the link between the placement area's general engagement with learning as a culture and the quality of the experience offered to students.

*I believe there is great variation in different placement environments both between and within acute Trusts. Features of placement environments where students are well supported and receive an excellent learning experience tend to be where staff morale is high; staffing levels are adequate; there are sufficient numbers of trained mentors; staff are committed to teaching and learning; staff are motivated by students undertaking placements within the department; the staff themselves are encouraged to engage in learning and development; and a Practice Placement Manager supports them in practice.* Non-student stakeholder 4

As previously noted, there are multiple standards set for auditing this.

### **3.6.3 Access to well-prepared, competent teachers and mentors**

This need, in the main, related to access to competent mentors. Similar issues were raised in this domain to those raised in others relating to mentors. The lack of opportunity for students to work alongside mentors due to the amount of time available was again a strong theme:

*Mentors often have limited time to give to students and the completion of assessment is often done on the mentors [sic] own time. Thus students feel that they should not be a burden on the mentor.* Non-student stakeholder 3

*[There is a] lack of opportunities for students to work alongside registered nurses with too much reliance on healthcare assistant type roles.* Non-student stakeholder 5

*In my group we have all had different support – some people have done lots of their book [practice assessment document], others have not done any. I did not have my first interview for three weeks. Student F3*

At this juncture it is notable that despite the continued focus on the challenged role of the mentor there was little mention amongst stakeholders of other roles that might support learning, teaching and assessment. It was becoming evident that there was an unmet need emerging in relation to the provision of support across the range of domains.

#### **3.6.4 Access to staff facilities such as lockers/learning-related computer access**

This need relates to ensuring students have their basic, practical needs addressed at the same level as other NHS employees.

*[Students need] to have equity in terms of working arrangements. Non-student stakeholder 2*

#### **3.6.5 Access to on-line resources when in practice**

Stakeholders agreed that it was essential for students to have access to the resources required to support their learning when in practice.

*[Students need] to have access to adequate resources to assist study. Non-student stakeholder 2*

### **3.6.6 Access to a range of professionals to help students deal with issues that arise in or from practice**

Consensus was achieved in relation to the need to ensure that a range of professionals is available for the student to access when they are in placement.

*[Need is] having support and guidance from mentors, staff, link teachers, practice placement managers and for them all to be accessible when required. Student Q2*

*[Need is having a] contact point, someone who is willing to help and has time for you. Student Q2*

*Students require ready access to practice placement facilitators or link teachers, etc. in case of any difficulties. Non-student stakeholder 2*

In chapter 1 (page 53), new roles, introduced to support student nurse placements following the introduction of the fitness to practise report (United Kingdom Central Council for Nursing, Midwifery

and Health Visiting 1999), were explored. In line with the findings in the literature, stakeholders identified the value of such roles in adding to the range of support offered to students.

*Practice placement managers, where they exist, enable issues to be dealt with quickly and allow the student to continue to feel they have a link with the university.* Non-student stakeholder 4

However, recognition was given to the limitations of these post-holders in relation to the breadth of the support they can provide. Many stakeholders felt that if effective support was to be provided an expansion of roles would need to be considered.

*Clinical placement facilitators are few in number and have a whole Trust to cover. Inevitably, they will need to focus on new students, problem areas, problem students and a catch-all approach to student supervision, gathering up as many students as possible at one time to check they are OK. Students may be reluctant to talk about specific personal problems in a group setting.* Non-student stakeholder 5

*[To enhance the current system] appoint dedicated clinical educators to support students and to supplement mentor support ... this means mentors could get on-the-spot help which is not possible with the number of practice education facilitators available.* Non-student stakeholder



There appeared to be a lack of clarity and definition in relation to how different roles support student needs across the range of domains. There are clear examples of excellent practice, but at the same time students communicate inconsistency in the level of support provided. Such inconsistency will inevitably lead to variability in placement quality, and this is the subject of further consideration in chapters 4 and 5.

### **3.6.7 The skill mix of staff monitored in relation to its impact on the quality of the placement experience**

This element of the quality domain reflects consensus in relation to the correlation between staffing levels and staff engagement and the quality of the student experience. Stakeholders recognised that there is a need to monitor the staffing and engagement levels in placement areas in order to predict or identify when this might impact negatively on the learning experience.

*[Weaknesses can include] staff shortages; high turnover of staff; a high number of staff who have remained in the same role in the same area for very long periods of time.* Non-student stakeholder 5

### **3.6.8 Academic staff to develop and promote strong links between the HEI and the placement area**

There is no doubt that all stakeholders recognised that strong links between the university and the placement provider are vital in providing effective student support:

*Having an academic link allows staff and students to clarify aspects of the assessment process and what is required, as well as allowing both mentors and students to raise concerns. Non-student stakeholder 5*

*[Students need] to have a link to the HEI in terms of physical contact from a tutor and e-learning support. Non-student stakeholder 2*

However, there does appear to be a concern that provision of the level of support required may pose a challenge for some link lecturers.

*Link lecturers have a limited number of hours available for supporting students in practice and, depending on the number of link areas they are allocated, may be unable to see all students by the end of each placement. Visiting placement settings is limited by the demands of their teaching and assessment workload. Non-student stakeholder 5*

*Liaison between university and clinical placement is sometimes not close enough to pick up where students are having problems until it becomes a big issue – some of this is about the numbers of students to lecturers and the number of clinical placements to lecturers. Non-student stakeholder 5*

*Students regularly are unsuccessful in contacting anyone from the university for support or advice – consequently they feel isolated and unsupported.* Non-student stakeholder 6

Approaches to providing links between the university and the student vary according to location. It would be erroneous to generalise from data from the Delphi that the experiences outlined above are widespread; however, what is clear, is that there is variability in the quality of links and the levels of support. There were varying views in relation to what ‘link support’ should look like. This is directly linked to the final need in this domain, which highlights the requirement for clarity amongst stakeholders in relation to roles and responsibilities that support students.

### **3.6.9 Clear lines of responsibility in relation to roles that support the student in practice**

Finally, stakeholders recognised that there is a need to provide students, and each other, with clarity in relation to areas of responsibility for student support:

*[Strengths of the system are when] there is a clear line of responsibility and students know who they can contact /turn to if they have a problem or need.* Non-student stakeholder 4

*[Weaknesses are] the continued use of ‘gentlemen’s agreements’ in relation to tri-partite arrangements which do not have any substance or pin down responsibility.* Non-student stakeholder 5

### 3.7 Summary of Delphi findings

The findings from the first two rounds of the Delphi achieved consensus in relation to ‘what’ needs students have that may need support across the four domains: student centred; knowledge centred; assessment centred and quality centred. The data provided rich insight into the key support needs of student nurses and also provided an appraisal of some of the issues currently faced within the existing model of support.

What was clear in relation to the findings was that not all students’ needs were assessed and addressed during practice placements. It appeared that whilst some of the needs are well supported, others are not even on the ‘radar’ of those providing support, or if they are they have no time to address them. It emerged that the mentor is challenged to deliver the multiplicity of needs identified. The next phase of this work was to review how the range of needs identified could be supported and, in particular, how the mentor could be supported more robustly in their role.

In summary, having defined the needs statements for student support during practice placements, it was important to consider next who should support these needs. Whilst there was a general lack of consensus about which specific roles support the student during practice placements, stakeholders did agree that a network of roles was required to support the full range of student needs effectively. Defining this network of roles would be a critical element in remodelling the current support system and structure.

The Delphi provided a rich picture of reality. As described in chapter 2, page 136, the next phase of the study was to 'define the essence of the system' using systems conventions. The essence is the root definitions or essential components for system transformation. The starting point for developing root definitions was to identify a high-level holon from the rich picture immersion in reality. The following section will describe how this was defined as well as how this was used to 'invent the ideal' model of support.

### 3.8 Defining the essence

As this project was being conducted from a strategic perspective, one high-level holon was developed from the immersion in reality. A holon is a credible, relevant, purposeful perspective that describes the real world activity (Williams 2005). As Checkland describes, soft systems methodology can be adapted to each unique situation (Checkland, Poulter 2006) and, as such, I approached the development of the holon from a macro or strategic level. As the outcome of the Delphi had captured the perspectives of multiple stakeholders I used the understanding gained from this to develop the single holon:

**Holon:**

*Provide consistent support for student nurse needs during practice placements across student-, knowledge-, assessment- and quality-centred domains.*

As described in chapter 2, page 136, in line with systems conventions, to check that the holon was adequate I undertook a CATWOE analysis (Checkland 1981). The outcome of this analysis is provided below:

**Customers**

Education stakeholders: policy-makers; Strategic Health Authority (commissioners); healthcare service providers; HEI providers of pre-registration nursing; nursing students; patients.

**Actors**

Education commissioners, HEIs and health service provider partners.

**Transformation**

Variability in student support replaced by consistent, effective support across the full range of student needs.

**Welanschauung**

The provision of consistent, effective support across the full range of student needs will enable the student to learn and progress to become fit to practise and be fit for purpose at the end of the pre-registration nursing programme.

**Owner**

Policy-makers; Strategic Health Authority; healthcare service providers; HEI providers of pre-registration nursing.

**Environment**

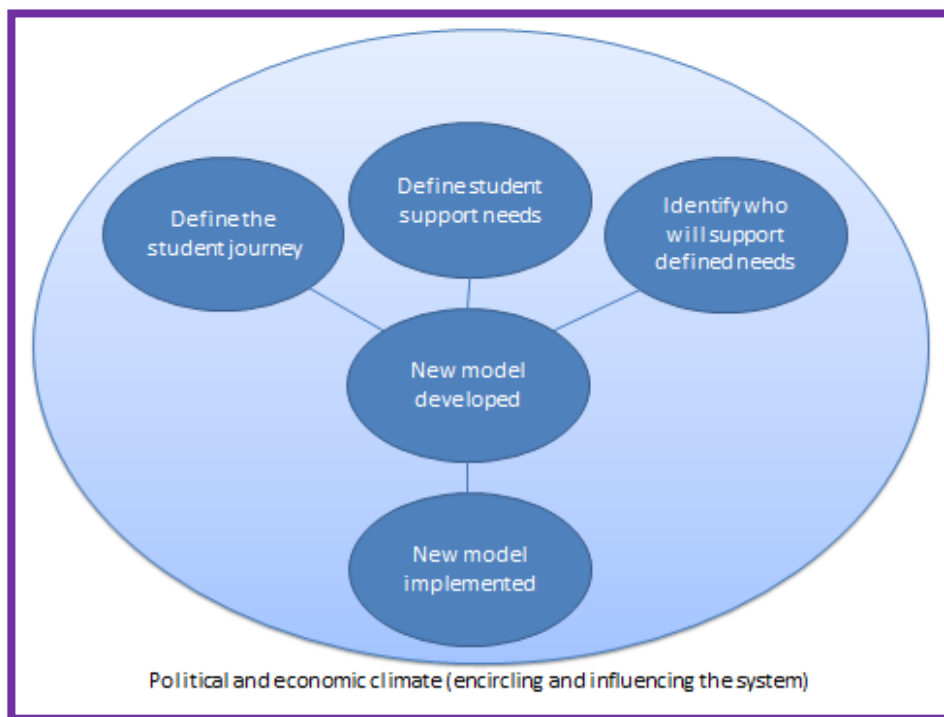
Political and economic climate (the policy and economic context of commissioning healthcare education).

In order to achieve this function a description of a system that would transform the real-world situation and achieve this was constructed:

### **Description of a possible system for transformation**

*Education stakeholders implement a model of support for student nurses during practice placements that addresses student-centred, knowledge-centred, assessment-centred and quality-centred needs, enabling the student to learn and progress effectively.*

Having described the system that would enable transformation to take place, a high-level conceptual model was developed to 'define the essence'-using the root definition to define the activities required to carry out the system transformation as shown in figure 19 below.



**Figure 19** Defining the essence: root definitions

### 3.9 Inventing the ideal

Using the conceptual model in figure 19, I constructed a conceptual framework of ‘the ideal’ model of support. The following section describes how this was developed.

#### 3.9.1 Defining the student journey

Drawing on the pedagogical theoretical framework defined in chapter 1, the student journey was conceptualised within a community of practice. The start of the journey situates the student on the periphery as a legitimate peripheral participant in the community of practice. With support, the student develops and progresses towards the centre of the community, eventually becoming a full participant in it. For the purpose of this study, full participation relates to the point of professional registration. Figure 20 shows how I conceptualised this journey.

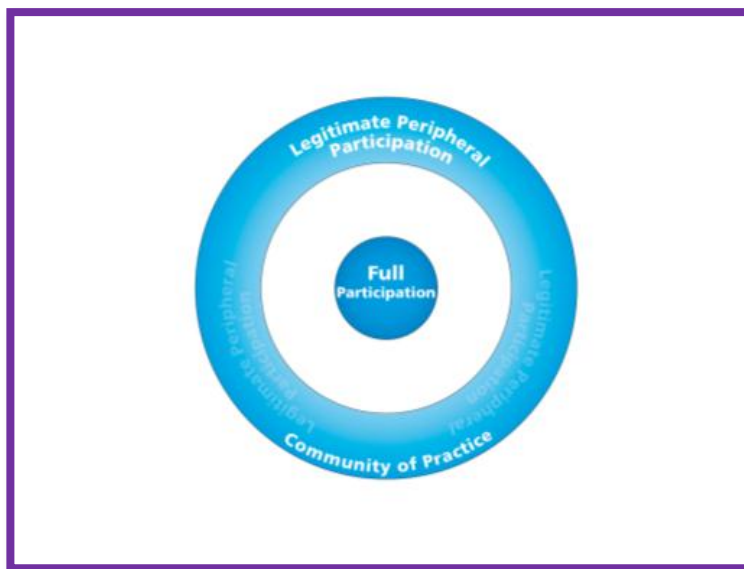


Figure 20 The student journey conceptualised



### 3.9.2 Defining student support needs

Through the Delphi the needs of student nurses during practice placements have been identified within four key domains. These needs will require support as the student makes their journey from the periphery to the point of full participation. As such, in the conceptual model, I situated these needs within the journey of the student (figure 21).

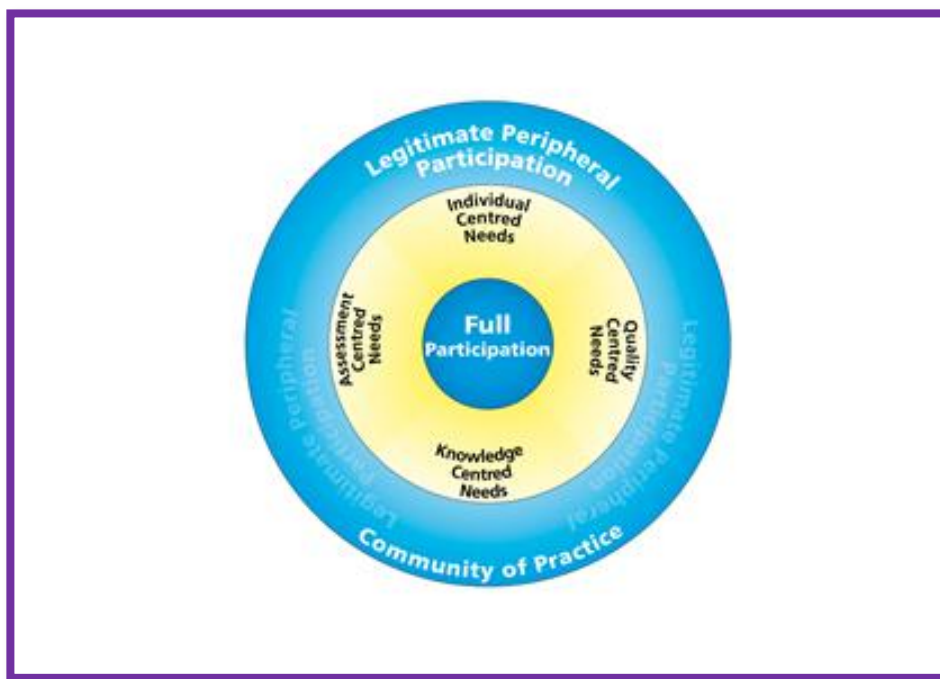


Figure 21 Student support needs conceptualised

### 3.9.3 Identifying who will support the defined needs

In relation to the Delphi there was a stark contrast between the levels of consensus linked to the 'what' statements as opposed to the 'who' statements. There was agreement, across the range of stakeholders, in relation to the domains and outcomes for student support during practice

placements. However, when asked to consider 'who' should be supporting these needs, whilst there was agreement in some areas, generally consensus was not achieved.

Whilst initially I felt that the results from the Delphi could be utilised to construct a new, definitive model of support for students, it soon became apparent that without consensus on the 'who' questions this could not be achieved. Relating back to the concept of strategic fit, as discussed in chapter 1 (page 65), I recognised that a network of roles would be required to address the needs of the student as they progress on the journey to full participation. Whilst there was no consensus in the Delphi in relation to who specifically should support each need, stakeholders did agree that support should be provided from a range of roles across education and placement provider organisations. I conceptualised this network of roles as 'a structural enabler network'. The structural enabler network can be described as a range of roles across HEI and placement provider structures that support the needs of students within the community of practice. In the conceptual framework these are shown as 'structural enablers' (figure 22).

### **3.9.4 From conceptual model to conceptual framework**

Figure 22 shows the conceptual framework representing 'the ideal' model of support that was developed from the root definition or 'the essence' of activities required for system transformation.

Figure 23 demonstrates how this model emerged using the model of system transformation.

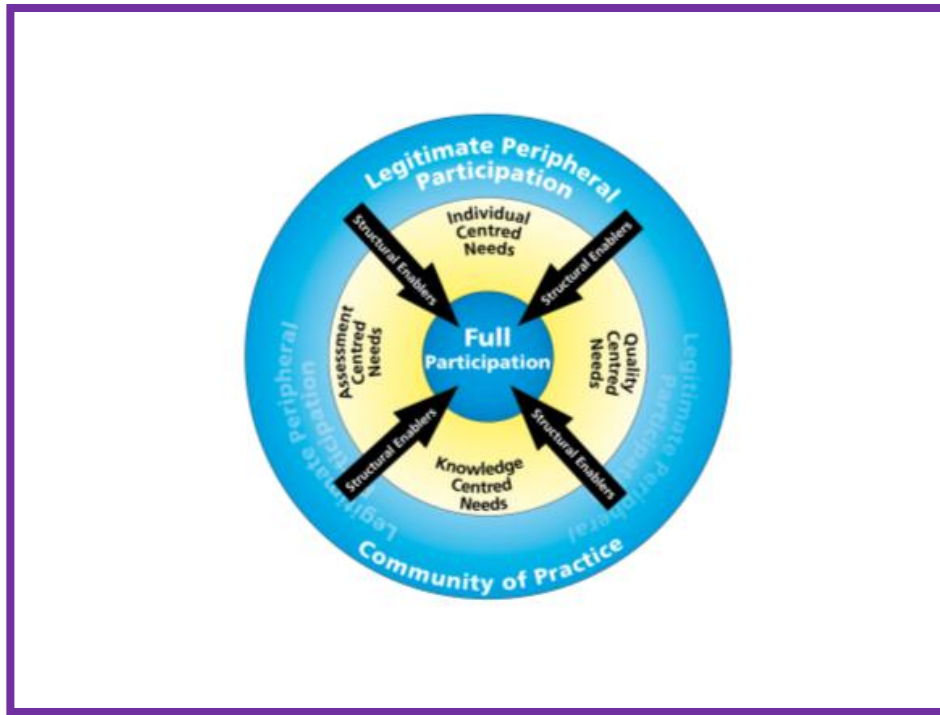


Figure 22 Conceptual framework of the 'ideal' model of support

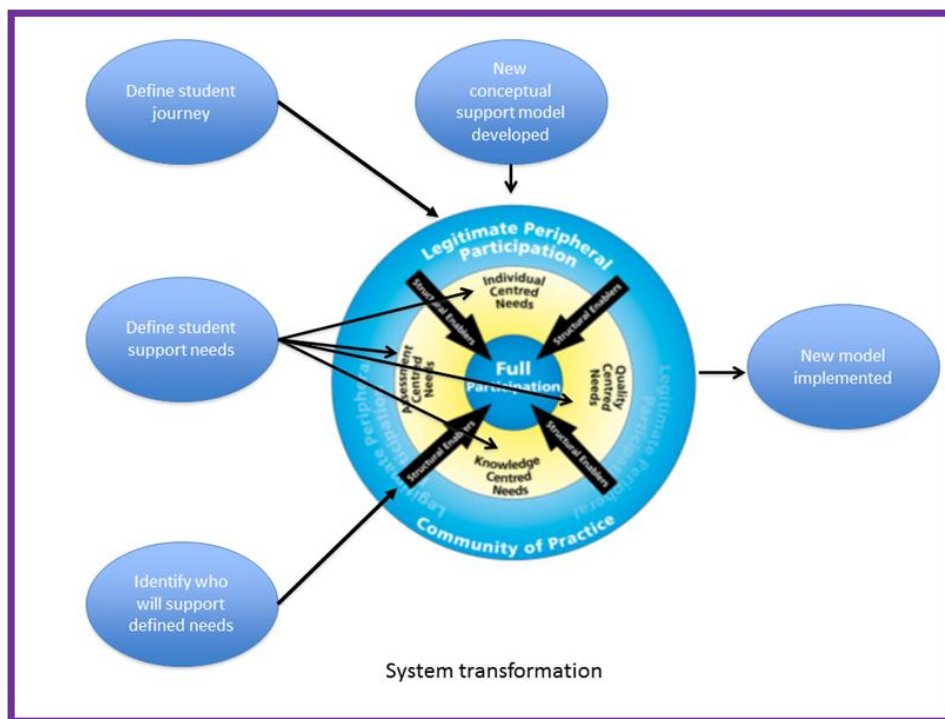


Figure 23 Conceptualising a new 'ideal' model of support using the model of system transformation

This section has demonstrated how, through using systems conventions, a conceptual framework was developed which represented ‘inventing the ideal’ model of support in this study.

### **3.10 Chapter summary**

This chapter has outlined the findings from two rounds of the Delphi. I used these findings to provide a rich picture of reality and to ‘define the essence’ in relation to system transformation and identifying the support needs of student nurses during practice placements. This chapter has described how I used systems conventions to ‘invent the ideal’, resulting in the development of a conceptual framework for modelling student support during practice placements. Whilst new knowledge had been generated from achieving a consensus set of needs for student nurse support during practice placements, there was no such consensus on who should support these needs. The conceptual framework identified the need for structural enablers, or roles within the HEI and service provider structures, that together provide a network of roles that support needs across student-, knowledge-, assessment- and quality-centred domains. Before using this conceptual framework to propose a way forward in creating a new model of support locally, I conducted the third dialectic in Dick’s framework (Dick 1993). The following chapter will explore the outcome of this third dialectic.

## Chapter 4: Inventing the ideal and immersion in reality

### 4.1 Introduction

This chapter reflects the outcome of the third dialectic in Dick's framework (Dick 1993). This dialectic is between the ideal and reality. As outlined previously, in this dialectic I compared the newly developed 'ideal' model of support to the existing model of support, noting differences in order to identify missing pieces of the ideal or better ways of doing things.

Chapters 1 and 3 describe the rich picture of reality; however, to add rigor to the research process, I added a further window on reality when undertaking this comparison. As well as the Delphi findings, I explored existing literature relevant to delivering 'the ideal'. The ideal, in this context, was focused on facilitating learning within a community of practice, as framed by Wenger's (Wenger 1998) components of the social theory of learning (described in chapter 1, page 92). The components of the social theory of learning are community, identity, and meaning and practice. I used these components as a framework for comparison for this dialectic.

As described in the introductory chapter, this chapter will explore comparisons of the ideal and reality using findings from the data, existing literature and critical commentary in an integrated format. As in chapter 3, this comparison is supported with quotations, selected to be illustrative of the experiences, views and perspectives of Delphi panel members in communicating their responses to the Delphi first round questions. In order to preserve anonymity of panel members, non-student stakeholders have been defined as a whole and include: HEI staff, service provider staff, commissioners, policy makers and professional organisations (see Table 7, page 132). This critical comparison gave rise to a primary

theoretical model for improvement, identifying the importance of integrated models of support in ensuring social integration, learning and progression for students.

## 4.2 Learning as community: supporting belonging

As described in chapter 1 (page 91), for effective learning to occur within the community of practice the learner needs to feel that they are a legitimate part of that community. Such legitimacy emerges as a result of the learner engaging in authentic activities within the community and because this has a value in the workforce. Empirically, it can be concluded that belongingness is a fundamental and pervasive human emotion that drives much of human pursuit, activity and thinking (Maslow 1971, Levett-Jones, Lathlean et al. 2007). This reflects the Delphi findings related to the needs identified within the student-centred domain. Stakeholders identified the importance of the student having a sense of welcome and inclusion, yet achievement of this in reality was clearly variable. What emerged from the study was that students were experiencing difficulty with social inclusion on two levels. Students had a sense of detachment from the university community and felt excluded from the practice community. This was poignantly expressed by the following student in the Delphi:

*It's difficult you see, you are in practice for six weeks and then you are thrown back into uni. for a couple of weeks and then you are thrown back out again. You have to build a new rapport all the time with staff. Student 1F*

The terminology selected by the student to describe her experience suggests that the learner feels like an interloper in both worlds who never has quite enough time to 'settle in'. It also suggests a lack

of connectedness between HEIs and service partners in that her feeling of being 'thrown' indicates a sense of being passed across a breach or divide from one community to another.

Recent empirical work concurs with the view that social integration is not only an ongoing challenge for student nurses but that if it is not achieved this could have significant and concerning consequences (Brown, Herd et al. 2005, Levett-Jones, Lathlean 2009, Jervis, Tilki 2011, Hutchings, Williamson et al. 2005, Midgley 2006, Levett-Jones, Lathlean et al. 2008, Bradbury-Jones, Sambrook et al. 2011a). This work will be explored later in the chapter. In comparing 'the ideal' to 'the reality', three key themes related to supporting belonging emerge from this study and the associated literature: detachment as a lived reality; students seeking legitimacy; and practice and education uncoupling a subliminal barrier to social integration. These themes will now be explored further.

#### **4.2.1 Detachment as a lived reality**

In pre-registration nursing a variety of approaches are used to programme and balance the 2300 hours of theory and 2300 hours of practice required for completion and professional registration. This mainly results in the student spending time in the university setting with a peer group of students interspersed with blocks of practice placements where they will spend time working in service provider clinical environments. During this time they are often geographically isolated from their peer group, although they may be working alongside smaller numbers of other students. Universities participating in this study make a significant effort to ensure that students are fully inducted into the HEI community, its systems and its processes and culture during the early weeks of the pre-registration programme. Equivalently, when beginning practice placements in local NHS Trusts,

students were supported and welcomed through a variety of induction programmes. Despite this, it was evident from the Delphi that students were still experiencing feelings of social isolation and detachment:

*You have no identity as a group [of students in practice]; you feel alone, on your own. Student*

3F

*It is important that there is encouragement and confidence building – [someone] listening to any issues you have ... it is important students don't feel isolated and that there is continued education and support even though you are not attending university. Student Q4*

*Students regularly are unsuccessful in contacting anyone from the university for support or advice – consequently they feel isolated and unsupported. Non-student stakeholder 6*

Without adequate support students can experience a sense of abandonment when they leave the HEI setting (Brown, Herd et al. 2005), often feeling isolated from the university's support mechanisms and their peer group when on placements (Ward, Moule 2006). Young et al. (Young, Lockyer et al. 2006) argue that students expect to be owned by the HEI and sometimes feel abandoned whilst on placement, especially when problems arise. Without consistent communication and support from HEI staff the student can be left feeling stranded in the practice placement environment (Brown, Herd et al. 2005).



The notion of being stranded again suggests a sense of isolation; such isolation may be linked to the student not feeling they belong to the placement community. Stakeholders in the study recognised the criticality of instilling a sense of welcome and belonging in the student. However, as described by these stakeholders, the reality was that this was not always achieved.

*Students need to be introduced to members of the team and be made to feel welcome in the placement environment. Ongoing support from all members of staff is also important as students have a strong need to feel they belong to the team regardless of the length of the placement.* Non-student stakeholder 1

*An issue is students not feeling like they are part of the team and having difficulty adapting to the dynamics within the established ward teams.* Non-students stakeholder 3

Melia (Melia 1987) links the students' perceived lack of belonging to their position within the practice community, describing them as individuals who are 'just passing through' rather than as an integral part of practice teams. Whilst this suggests that students experienced issues with belongingness before the 1990s, authors have more recently suggested that such issues may have increased since then. Levett-Jones et al. (Levett-Jones, Lathlean et al. 2007) highlight that clinical placements are often typified by feelings of alienation and a lack of belongingness. Influences on belongingness are multifaceted; however, key elements include: the staff–student relationship; legitimisation of the student role within the practice setting (Levett-Jones, Lathlean 2009); and the impact of the busy

working environment on staff engagement with the student (Smith, Allan 2010, Andrews, Brewer et al. 2012, O'Driscoll, Allan et al. 2010).

The recurring theme here is that the practice placement environment is a complex, fast-paced and busy workplace. The prime concern of those working in this environment is caring, not learning (Smith, Allan 2010), and as such the learner has to 'fend for themselves'. Lack of engagement may leave the learner feeling alienated, resulting in anxiety, depression, lack of motivation and lack of direction (Levett-Jones, Lathlean et al. 2008). The implications of this are highly significant. In a study exploring student nurse attrition, Hampshire (Hampshire 2012) highlights examples of students whose pre-registration experience was negatively influenced by the nature of contemporary clinical environments and the perceived role of the nurse within it. The following quotation is taken from this work and reflects the experience of a student nurse who had left the pre-registration nursing programme:

*When we actually started placements I felt like the job didn't really get you any kind of respect from anyone ... it wasn't a particularly encouraging working environment ... the placement was probably the tipping point. (Hampshire 2012, p. 258)*

Legitimisation of the student as a valuable member of the practice community is inherently linked to belongingness. Students need to be valued on three levels: as a learner, as a team member and as a person (Bradbury-Jones, Sambrook et al. 2011a). The findings of the Bradbury-Jones study highlight multiple needs that have to be addressed if the student is to feel integrated within the practice

community. The findings confirmed the challenges faced by learners in relation to being recognised and valued on these three levels.

Whilst the majority of student nurses will experience positive, welcoming and supportive placement environments, such experiences are inconsistent (Thomas 2011 in press). Without appropriate support, students may be left caught in the breach between feeling abandoned by the HEI and lacking a sense of true belonging in the practice placement environment, thus evoking a sense of social detachment from both.

#### 4.2.2 Students seeking legitimacy

Having previously highlighted belongingness as a fundamental and pervasive human emotion, it logically follows from this that learners will strive to adopt strategies and behaviours that will secure social inclusion and acceptance. 'Getting the work done', 'learning the rules' and 'fitting in' are dominant strategies adopted by students to ensure they progress through the placement (Melia 1987). However, in the midst of the fast-pace and complexity of the working environment, students feel compelled to work hard in order to fit in, rather than to seek out and take the learning opportunities that exist (Levett-Jones, Lathlean et al. 2008). Such experiences were reflected in the Delphi findings.

*Because the student is being used to carry out simple routine care to meet the needs of the clinical environment they are not able to move their learning on or observe the whole patient experience.* Non-student stakeholder 3

*[Weaknesses are] being treated as a healthcare worker and an extra pair of hands on the ward, not always fitting in and staff nurses not having a lot of time to spend with students to teach them.* Student 3

As shown below, stakeholders recognised that it was important for the student to fit in and be accepted by placement staff and that the best way to do this was to become familiar with, and conform to, the culture and normal working practices in each particular placement environment.

*On an emotional and practical level, students have more fundamental needs which need to be met before effective learning can occur. They need to be oriented to the learning environment, including being shown where to change, store personal belongings [and] where the toilet and refreshments are situated, etc. They need to be introduced to members of the team and made to feel welcome to [sic] the placement environment ... students need to be oriented to key aspects of departmental culture, as this can vary enormously between placements – by this I am referring to the ‘unwritten rules’ which operate within departments which can be confusing and difficult for the newcomer to identify.* Non-student stakeholder 2

Students recognise that if they conform to the norms of the practice placement environment they will benefit from enhanced learning opportunities because staff are more likely to accept them and recognise the authentic contribution they are making to delivering the service. In this sense, legitimacy is achieved through appearing motivated and interested and by ‘mucking in’ as part of the team (Murray, Williamson 2009). However, the need to ‘fit in’ and belong is so overwhelming that it

may educe a concerning level of conformity and compliance. Students adapt to the team's or institution's values and norms rather than challenge them, believing that this will improve their chances of acceptance (Levett-Jones, Lathlean 2009).

Students in the Delphi refer to this concept as 'the need to keep the harmony', providing examples of where they were willing to comply with a degree of risk:

*You just want harmony ... I mean, you want to challenge practice, but that will cause problems for you. You have just got to keep the harmony going until you finish. Student 1F*

*For example I am worried about my back. We were told [in university] not to move the patient like this but they [practice staff] say, 'Do it like this', but I am scared about my back. I did refuse to do it for a day; they did not force me, but they all made fun of me so now I just keep the harmony. Student 2F*

Levett-Jones and Lathlean (Levett-Jones, Lathlean 2009) highlight a similar construct in their study of third year student experiences of conformity and compliance. In this study, learners referred to 'keeping the harmony' as 'not rocking the boat', recognising that it was important to keep the registered nurses (RNs) 'on side' if they were to pass their placement. They underline that if the students were to challenge these nurses or create the wrong impression then their opportunity to learn would be taken away from them.

The need to belong also affects cognition, as students become preoccupied with trying to understand interpersonal relationships which, when learners feel secure and supported, are not such a distraction (Levett-Jones, Lathlean et al. 2008). Belongingness is related to students' self-esteem, confidence, empowerment and, most importantly, motivation (Chesser-Smyth 2005, Levett-Jones, Lathlean 2009, Bradbury-Jones, Sambrook et al. 2011a). It is paradoxical, then, that a lack of motivation, brought about by non-acceptance and isolation, has the potential to further alienate the student from practice staff. Conformity is a significant influencing factor in gaining the approval of the clinical practitioner (Cross, Hicks 1997). The learner has to modify their behaviour and practice so that they align with the values and social norms and practices of the placement environment if they are to be accepted as part of the team. By doing this they are more likely to be valued and recognised as an authentic participant in the practice community, thus securing both social and professional acceptance (Chesser-Smyth 2005, Cope, Cuthbertson et al. 2000). The Delphi indicates that such conditional acceptance is implicit in reality.

*[Support needs include social support and] being a team member – so long as placement staff are willing to accept them.* Non-student stakeholder 3

In order to achieve acceptance there is sometimes a sacrifice to be made. Students are encouraged by the HEI to have a strong voice, to have an enquiring approach and to be the advocate for patients. This said, students don't want to be considered over-confident or conceited, so when faced with a difficult or challenging situation they choose to stay silent. Speaking out is not a real option if they are to be accepted and 'get on' (Bradbury-Jones, Sambrook et al. 2011b). Such strategies were mirrored in the Delphi.

*Nursing practices being witnessed by students may be perceived to not comply with the best practice standards being taught. This can cause conflict for the student as often they are unable to discuss why this approach is being taken for fear they may be seen as criticising.*

Non-student stakeholder 3

*I feel intimidated so do not like to say anything.* Student 3F

It is important to note that the student may require support to develop strategies to refrain from conforming unconditionally in the desire to seek acceptance and legitimacy. In this context, Price et al. (Price, Hastie et al. 2011) found that even a short visit from an outsider, in the form of a link lecturer, helped to legitimise student learning activities within the placement area, as well as provide valuable emotional support. In the absence of effective support the student will be left to navigate and negotiate acceptance in every new practice placement. Often this process will be made easier through effective induction, welcome and a positive placement learning environment; however, the evidence from this study suggests that such support is currently inconsistent.

#### **4.2.3 Practice and education uncoupling; a subliminal barrier to social integration**

As previously outlined, nursing's move to higher education began in the 1980s with the piloting of the PK2 curriculum, and students became college- rather than ward-based when they moved from working as an apprentice within the hospital to having full supernumerary student status (Smith, Allan 2010). This, and subsequent policy changes, have resulted in what Smith and Allan (Smith, Allan 2010) refer to as an 'uncoupling' of practice and education that has had a significant impact on the

attitudes, emotions and the sense of identity of both practice and higher education nursing staff (Smith, Allan 2010, O'Driscoll, Allan et al. 2010, Findlow 2012). This uncoupling has resulted in dissonance, evoked by the highly symbolic 'handing over' of students and nurse teachers to higher education. Whilst traditionally a professional divide between staff working in the nursing school and staff working in clinical areas may have existed, there is a perception that over time this divide has increased on an organisational, professional and tribal level (Smith, Allan 2010, Brown, Herd et al. 2005, Carnwell, Baker et al. 2007, Murray, Williamson 2009, Ousey, Gallagher 2010, Jervis, Tilki 2011, Hutchings, Williamson et al. 2005, Smith, Allan 2010, O'Driscoll, Allan et al. 2010, Findlow 2012, Last, Fulbrook 2003, Last, Fulbrook 2003).

#### *4.2.3.1 Tribal dissonance; the unintended consequence of uncoupling*

The findings of the study reflected the reality of this divide between practice nursing staff and higher education nursing staff. The Delphi highlighted the level of divergence in relation to whose primary role it was to support students' learning when on placement. Service providers were of the view that as the HEIs received the majority of the financial income for the programme, they should provide support for formal facilitated learning when the student was in practice. Conversely, HEI staff felt that learning and teaching in practice were the responsibility of the placement provider. Both partners were clearly challenged to provide the level of facilitated learning and teaching identified in the knowledge domain.

*There is sometimes a lack of ownership by the ward staff. They see students coming from the university rather than being a part of the hospital, which sometimes leads to tensions, as they*



*do not think the students are their responsibility. For example, if a student does not meet their standard, then they think that it is up to the university to talk to the student rather than seeing that they have responsibility to the student.* Non-student stakeholder 5

*Students regularly are unsuccessful in contacting anyone from the university for support or advice – consequently they feel isolated and unsupported.* Non-student stakeholder 6

The literature highlights the true difficulties that both HEI nursing staff and practice nursing staff have in relation to the provision of support due to competing demands for their time (Lambert, Glacken 2004, Carnwell, Baker et al. 2007, Smith, Allan 2010). Mentors have multiple responsibilities to deliver the service as well as to meet associated quality and outcome targets (Murray, Williamson 2009, Carlisle, Calman et al. 2009). Equally, nurse lecturers are increasingly required to focus on academic teaching and research activity (Carnwell, Baker et al. 2007, Findlow 2012). This puts both groups in a challenging situation, resulting in a raft of expressed frustrations.

Such frustrations are manifest in ongoing debate and discourse, each group being critical of the other's level of engagement in student placement support (Carnwell, Baker et al. 2007, O'Driscoll, Allan et al. 2010). A similar picture was reflected by the Delphi panel:

*There is general apathy amongst staff in relation to students undertaking placements within the department.* Non-student stakeholder 5

*There are [sic] a lack of knowledgeable practitioners willing to challenge students' thinking and help them relate theory to practice. Non-student stakeholder 6*

*Link lecturers have a limited number of hours available for supporting students in practice and, depending on the number of link areas they are allocated, may be unable to see all students by the end of each placement. Visiting placement settings is limited by the demands of their teaching and assessment workload. Non-student stakeholder 5*

The role of the nurse lecturer in practice has increasingly become a focus of evaluation (Brown, Herd et al. 2005, Wills 1997, Carnwell, Baker et al. 2007, Ousey, Gallagher 2010, O'Driscoll, Allan et al. 2010). The role of nurse lecturer in practice has, on the whole, been facilitated through their role as a link tutor/lecturer, providing support for a number of geographically or speciality based practice placement areas. Over time this role has become primarily focused on a liaison and public relations function between the HEI and the placement area (Carnwell, Baker et al. 2007, Ramage 2004). Subsequently, the professional clinical credibility of the link lecturer has been challenged (Ousey, Gallagher 2010). This has left nurse-lecturers in a dilemma, attempting to balance their role as credible nurse practitioner and nurse academic. Nurse lecturers have been challenged to reconcile the dichotomy of working in a higher education system, which values scholarship, with their professional nursing role, which values caring (O'Driscoll, Allan et al. 2010). Consequently, nurse lecturers are left feeling '*stuck in the middle*' (Findlow 2012, p. 129) or in a 'no man's land' and not sure where they belong (Smith, Allan 2010, p. 220). As such, they, like the students, are left searching for legitimacy as both an academic teacher/researcher and a hands-on expert nurse (Findlow 2012). It could be asserted that because they feel 'stuck in the middle', nurse lecturers become situated at the

periphery of both communities, thus experiencing the same sense of detachment as the student.

Participants certainly abstracted their vision of legitimacy from the clinical nursing perspective:

*I think the American system would be much better for students (where lecturers pick out patients for students to care for and go out and care for the patient with the student). This would reduce the theory practice gap and ensure that lecturers stayed up to date, but it would require an increased lecturer workforce so is unlikely to happen.* Non-student stakeholder 7

A key difference in some international models of practice placement education, such as those in Australia, the US and Canada, is that teaching and assessing students is mainly led by university lecturers who are present in the clinical environment and work directly with the students (McSharry, McGloin et al. 2010). There is much debate amongst scholars in relation to the impact of practice placement models and their relationship with the student experience nationally and internationally as well as in other healthcare professions (Pechak 2012, Warne, Johansson et al. 2010, Mallaber, Turner 2006). Further exploration of models used in other professional undergraduate programmes, as well as internationally, is recommended.

There is a perception amongst clinical nurses that education staff no longer understand the contemporary nursing context (Murray, Williamson 2009, O'Driscoll, Allan et al. 2010) and that they do not spend enough time in clinical areas supporting the student. Hutchings et al. (Hutchings, Williamson et al. 2005) provide a useful insight into the feelings of clinical nursing staff as to why they feel this is important. Participants in their study believed that learning in practice would be improved

by having dedicated academic support, as this would have a positive effect on the way students were perceived and thus supported. The following quotation from that work helps to explain this further:

*I think we need the old clinical teacher ... somebody who can be identified as the link to get staff to realise why training is going this way, why it is being pushed in this direction, why it is better for the profession and I think if it happens the students will be more widely accepted as nurses.* (Hutchings, Williamson et al. 2005, p. 950)

This statement succinctly highlights the subliminal impact that the uncoupling of practice and education has had on the social integration of the student. The contrasting notions of legitimacy between nurse-educators and clinical nurses impact on the social integration of students through a process of transference.

Some qualified nurses feel that they no longer have ownership of students so feel no duty to make students feel included (Last, Fulbrook 2003). They feel that the nurse lecturer should play a greater role in practice placements, and as such the relationship between clinical nurses and link lecturers has been described as tenuous and as evoking feelings of uncertainty, anger and conflict (Smith, Allan 2010).

The impact of practice and education uncoupling manifests as a complex range of both conscious and unconscious conflicts that the student has to reconcile. The distancing of education from practice has

created a new tribalism within nursing, with each tribe being situated within a different social world. This uncoupling poses a challenge on both a practical and a psychological level to integrated working. A lack of integrated working can have a detrimental effect on the student on a cognitive and practical level. Equally, such dissonance can impact on the student through transference, further challenging their acceptance and social integration into the practice community (Smith, Allan 2010).

*Students are often worried about a dichotomy of what is taught theoretically and how they are being taught practically.* Non-student stakeholder 3

*[Weaknesses are] staff not understanding what kind of learning students need to undertake and delegate [sic] inappropriate activities (seeing themselves as sign posts or route maps rather than the driver of the car that is taking the student to the destination).* Non-student stakeholder 3

*Confusion regarding 'flexible working': what does this mean and how does it translate into practice? How do we tie up policy in terms of attempting to recruit individuals and stating that we have flexible working policies and then these do not translate into something that has been promised at an academic level into practice?* Non-student stakeholder 5

*As an [sic] NHS apprentice, the students are expected to adopt the cultural norms of the NHS, yet do not get the benefits that an employed apprentice has. This can be down to basic issues*

*like not being able to access IT infrastructures, as they are not given a password. This can result in conflicts between work set by the university, e.g. review the local policy on a topic, and then the student not being allowed to access the policy within the placement setting.*

Non-student stakeholder 3

#### **4.2.4 Ideal versus reality – learning as community: supporting belonging**

In moving through the third dialectic, that is, comparing the ideal model to the reality of the current model, key areas for enhancement were identified in this area. The impact of the uncoupling of education and practice on the student's social integration into the community of practice cannot be underestimated. This extrication has led to tribalism in nursing and, alongside this, contrasting notions of legitimacy in relation to professional nursing practice. The practical and psychological barriers created by this move have posed exertions on effective partnership and integrated working. In the absence of a fully integrated model of support for students in practice, their social integration into the practice community is thwarted.

In the absence of a fully integrated model of support involving practice and education, the student is often left to navigate and address their needs in an often tempestuous 'no man's land' (Smith, Allan 2010) between practice and higher education. This can lead to the student feeling a sense of social detachment from both higher education and the clinical practice community. Such is the predominance of a student's need to belong and seek legitimacy that they will place emphasis on this ahead of their development and safety needs.

Social detachment has the potential to impact on both cognition (Levett-Jones, Lathlean et al. 2008) and student progression (Urwin, Stanley et al. 2010). The impact on cognition is pertinent to supporting effective learning within the community of practice in that detachment conflicts with student legitimacy and, therefore, with effective progression to full participation. Equally, feelings of detachment from the HEI may lead to a lack of full integration into the university's social and academic systems, which crafts the potential for attrition. Urwin et al. (Urwin, Stanley et al. 2010) provide a useful insight into this theory, as applied to nurse education, using Tinto's (Tinto 1975) model of student retention. This model directly links student retention to their degree of academic and social integration. Reducing student nurse attrition is a significant concern of the Department of Health (Department of Health 2006). Thus, whilst there are multiple reasons as to why students leave, the impact of student detachment in this context is worthy of further study.

The move to a more integrated model of support for learners is a vital part of securing an effective community of practice. Figure 24 shows my conceptualisation of a primary theoretical model for improvement, linking models of support to effective student social integration. To secure legitimacy the student must be seen as a valued and integral part of the community of practice, rather than as an interloper between the worlds of education and practice. Equally, having a fully integrated model of support may help to break down the tribalism, impediments and conflicts that have increased between education and practice since historical uncoupling began. As scripted by Ousey and Gallagher (Ousey, Gallagher 2010), this may help the profession to recognise and embrace the proposition that nursing is a broad professional church and that all nurses should eschew professional parochialism and value each other's contribution to the totality that is nursing. This is necessary if the community of practice is to continue to flourish in the pre-registration nursing context.

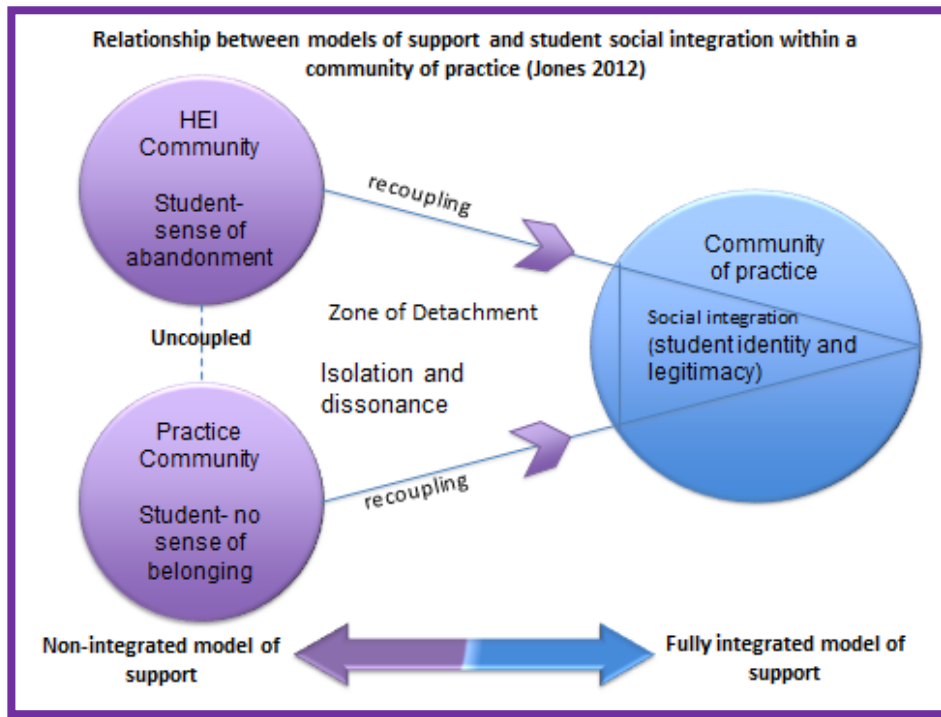


Figure 24 Relationship between models of support and students' social integration within a community of practice

### 4.3 Learning as practice and meaning: supporting learning and professional development

In seeking to support the student developmental journey during practice placements, this study has used cognitive apprenticeship, situated in the community practice, as a pedagogical framework. In this approach, novices and experts interact professionally whilst being focused on completing work-related tasks; they develop cognitive skills through participating in authentic learning experiences (Dennen 2001). In the workplace environment, knowledge is constructed by learners as they attempt to make sense of their experiences supported by a 'more knowledgeable other' (MKO). The MKO will support, or scaffold, this process through the use of a range of strategies such as modelling, coaching,



articulation, reflection and exploration. Articulation requires learners to make explicit their understanding of practice, while reflection is, amongst other things, a process of comparison between their competence and that of the expert. Once the learner is operating with a secure level of competence, they can be encouraged to consider alternative approaches to the practical problems they face in a process of exploration (Cope, Cuthbertson et al. 2000). In this context, such scaffolding reflects the need to develop both cognitive and psychomotor skills. The need to formally recognise and provide such support is necessary to enable the learner to make sense of tacit professional knowledge that is not explicit in the observed decision making and actions of the professional.

At the same time, it is recognised that learning from practice and applying knowledge acquired in formal education settings do not happen automatically (Eraut 2008). The Delphi identified key consensus needs in relation to supporting knowledge development in the practice placement. However, it also emphasised significant scarcities in relation to the provision of this support in contemporary practice placement environments. Simply undertaking a placement does not necessarily develop competence, and just being in a clinical context does not guarantee learning (Levett-Jones, Lathlean et al. 2008). Learning is an innate element of human development, but the facilitator makes a significant contribution to enabling learners to learn effectively and efficiently through their experience (Downie, Basford 2002).

Prior to the 1990s, ward managers had a key role in facilitating student nurse learning; however, over the last two decades, the ward manager role has become increasingly demanding (Midgley 2006). There has been growing concern that managerial functions are besieging the clinical leadership agenda of ward managers, including their role in education (Royal College of Nursing 2009). In exploring how changes in the NHS workforce and in higher education over the past decades have

influenced the leadership of nurse education in practice, O'Driscoll et al. (O'Driscoll, Allan et al. 2010) identified that whilst ward managers still retain overall leadership for learning in their area, multiple demands on their time now limit their presence on the wards. Mentors now lead student nurse learning on a day-to-day basis; however, this has to be balanced with delivering the service and the mentors' lead role in caring for patients.

The challenging role of the mentor in relation to balancing service demands with facilitating learning is well documented (Smith, Allan 2010, Andrews, Brewer et al. 2012, O'Driscoll, Allan et al. 2010). Generally, it is evident that whilst ward managers and staff nurses value teaching and learning they, by necessity, forfeit this role in lieu of managerial responsibilities (Lambert, Glacken 2004). Service priorities frequently take precedence over learning priorities with regard to student nurse support (O'Driscoll, Allan et al. 2010). Consequently, abdication of modelling bedside care skills means that these duties fall to the unregistered HCA (Carnwell, Baker et al. 2007, O'Driscoll, Allan et al. 2010). As previously discussed, the problems associated with the challenging role of the mentor in relation to the facilitation of learning are highly significant and were a constant source of concern for Delphi participants. This concept will be considered further.

#### **4.3.1 We're not in Kansas anymore; a new reality in a familiar world**

The title of this section refers to a scene in L. Frank Baum's (Baum 1900) book *The Wonderful Wizard of Oz*. In this scene, the heroine Dorothy finds herself transported from her home in Kansas to another world. At first she recognises much that is familiar, but something does not feel right. In the absence of any real evidence of her whereabouts, she states to her dog Toto that she has a feeling

that they are not in Kansas anymore. At this point she experiences the gradual appearance of the good witch of the north. At last, this is the evidence she needs to confirm that whilst the world she is in looks familiar she is somewhere very different, and she says to her dog, 'Now I know we're not in Kansas.' The nature and context of the practice placement environment has changed considerably over the past two decades. Whilst the ward environment and certain roles such as the ward sister and staff nurse may remain familiar, the system within which these function has metamorphosed. In other words, students are learning in a very different world organisationally.

As described in chapter 1 (page 37), policy changes over the past twenty years have required NHS providers to become more business-like. Nurses are now key to ensuring that services run efficiently, outcome targets are met and public expectation and involvement in care are satisfied. During this period the changes in education led to skill-mix changes and an increase in students with increasingly diverse needs. This is referred to in chapter one as 'a perfect storm'. These policy changes have had a major impact on the health service delivery environment and, more specifically, on the diversity of and demands placed upon the registered nurse or mentor. This said, the mentor remains responsible for supporting learning and assessment in practice (Nursing and Midwifery Council 2008), and in the absence of an integrated model of support the findings of the Delphi demonstrate the outcome of this for student learning.

*Whilst students are granted supernumerary status, the workload of a clinical setting will inevitably impact upon their experience. This may result in them working alone or with healthcare assistants or senior students rather than their mentor, who needs to fulfil her duties to her patients first and foremost. As a result, their learning opportunities may be compromised, limited or even inappropriate.* Non-student stakeholder 5

There is significant evidence relating to how challenged mentors are in executing their educational duties. Such challenges are cited as including patient and service demands; huge workloads; having no time to reflect; and being intensely aware that their primary role is to care for the patient (Gidman, McIntosh et al. 2011, Carnwell, Baker et al. 2007, Smith, Allan 2010, Andrews, Brewer et al. 2012). One local placement expert referred to this situation as mentors being ‘missing in action’, which aptly describes the day-to-day reality experienced by the student.

*You have to manage your learning yourself – say what you want to learn, arrange visits, just ‘jump in’, because if you don’t you will just be left standing there. Student F1*

At this point it is important to acknowledge that one of the aims of the pre-registration nursing programme is to develop the student’s lifelong learning skills, and therefore the student will need encouragement and support to move to a more self-directed approach to learning. Thus, when exploring ‘support’, whilst not explicitly discussed, it is implicit in the context of placement learning that the student will have some responsibilities for their own learning.

Whilst some of the challenges cited, such as the demanding role of the qualified nurse or mentor, may have existed to some extent before the 1990s, the growing body of literature discussed in this chapter and the Delphi findings suggests that healthcare and healthcare education are being delivered in a new world. This said, as described in chapter 1 (page 45), there has been little change in the fundamental model used to facilitate and support learning in practice.

#### 4.3.2 The more knowledgeable other: default strategies

*There are [sic] a lack of knowledgeable practitioners willing to challenge students' thinking and help them relate theory to practice. Non-student stakeholder 6*

*There needs to be dedicated time provided for mentors to assess students and for performing more clinical skills over HCA work every shift. Student 7*

The mentor is in a constant state of conflict between the multiple roles they have to fulfil and, as such, continue to be challenged in terms of their provision of support for learners. In relation to cognitive apprenticeship, mentors are the MKO. In their absence they should ensure that the student has access to a range of learning opportunities facilitated by a range of MKOs. However, as previously identified, the student is often left working alongside the healthcare assistant. We cannot devalue the input or role of the healthcare assistant in the community of practice; however, if appropriate role modelling, scaffolding and reflection are to occur then the registered nurse must be a consistent and central figure for the student.

In a survey from the 1990s, student nurses indicated that they spent 90% of their time working with the healthcare assistant (Wills 1997). Since then, new standards have been introduced which recommend that students should spend 40% of their time each week doing work that is supervised by their mentor. Supervision can mean working on a one-to-one basis with the mentor or being on the same shift as and working alongside others being overseen by the mentor (Nursing and Midwifery

Council 2008). Supervision by the mentor can be direct or indirect. Indirect supervision would involve the mentor planning and facilitating learning opportunities for the student with other members of the healthcare team. The mentor would be accountable for ensuring that such experiences were safe and appropriate. Feedback from other members of the healthcare team would enable the mentor to assess the performance and progression of the student during such times. Whilst these are valuable experiences when planned effectively, unfortunately there are still indications that students are spending a significant amount of time continually working with healthcare assistants (O'Driscoll, Allan et al. 2010).

*I spend 80% of time with the HCA (Healthcare Assistant) and 20% of time, or just the drug rounds, with the qualified nurse (unless there is something no one else wants to do).* Student F

2

In a Delphi study conducted by Last and Fulbrook (Last, Fulbrook 2003), 91% of students felt that they did not have enough clinical skills teaching, with 85% of those surveyed believing that they had not acquired enough knowledge or skills to become a staff nurse. In a more recent study (Carnwell, Baker et al. 2007), only 56% of students (n=900) felt that mentors taught regularly. The pace and demands of the contemporary placement environment have a direct impact on the ability of the mentor to fulfil their role, leading to variability in the quality of mentorship. This leaves the student with inconsistent access to a MKO, meaning that they have to work with the HCA or continue to work at a basic level of competence and have only sporadic support through scaffolding, modelling or reflection.

The Delphi phase of this study achieved consensus on the need to support key elements that underpin cognitive apprenticeship. This said, the reality of such strategies being implemented was variable. The MKO is important in helping students make sense of situations and rendering the tacit knowledge of expert practitioners through articulation, exploration and reflection. The impact of the environment and the availability of the mentor diminish such activities. In essence, key components of effective learning are subject to the stresses and demands of the clinical environment on a daily basis.

*They [the students] become a 'pair of hands' in their placement rather than having a learning experience.* Non-student stakeholder

*Formal teaching sessions are inevitably workload dependent, and also reliant on trained staff's enthusiasm to undertake formal teaching sessions.* Non-student stakeholder 6

*Depending upon workload, it is sometimes easier to ask someone who knows how to complete the task to do it rather than spending the time teaching another student how to do a particular task.* Non-student stakeholder 6

*[Weaknesses are] ... being included in the numbers, not spending enough time with registered nurses and not enough exposure to certain skills.* Student 3

In the absence of additional educational facilitators, the mentor is continually left to manage student learning, as best they can, within their own personal resource. The result of this is that engagement between the mentor and the student tends to be focused on assessment of competence and completion of assessment documentation. Indeed completion of the assessment documentation is the focus of the placement for most students (Gidman, McIntosh et al. 2011). At the same time, the new standards for mentorship (Nursing and Midwifery Council 2008) have focused on the importance of the mentor role in assessment and on their position as gatekeeper of public protection. There is a growing feeling that the focus on assessment has taken priority over the total educational experience (Holland 2012). Alongside this there is a mounting perception that other models of facilitation need to be considered to support the increasingly challenging role of the mentor in facilitating learning (Murray, Williamson 2009, Hutchings, Williamson et al. 2005, Holland 2012). These models would introduce new clinical academic or clinical educational roles that could enhance learning and assessment within the clinical environment (McSharry, McGloin et al. 2010).

#### **4.3.3 Ideal versus reality – learning as practice and meaning: supporting learning and professional development**

*[Weaknesses are] staff not discussing their plans for care delivery prior to undertaking care activities and not undertaking a debriefing session or giving students feedback immediately at the end of care delivery activity, e.g. end of shift. Non-student stakeholder 3*

*There is not enough reflective practice or critical appraisal whilst on placement. Non-student stakeholder 5*



*Reflection on practice experiences – there is not always time for a mentor to reflect on and discuss the events of the day with their student.* Non-student stakeholder 6

In seeking to identify the ideal, the Delphi achieved consensus in relation to key support needs for effective learning in practice within the knowledge domain. Many of these needs facilitate cognitive apprenticeship within the community of practice. These support needs include the provision of formal facilitated learning opportunities in practice; specific support to link theory to practice; periods for facilitated reflection during the placement; learning opportunities that challenge or develop students' practice; protected time for learning during practice placements; a safe environment in which to practise and develop skills; and clear direction in relation to learning. The reality within the current context is that current post-holders within the placement are challenged to deliver and meet these needs. This has serious implications for the quality of learning within practice placements. It is evident that in today's contemporary healthcare environments it would be remiss not to review the current model of support provided by significantly challenged nurses and mentors.

Closer working with the mentor or a MKO is essential for a positive acculturation into the nursing profession and to support cognition and skills development (Murphy, Rosser et al. 2012). The ability to scaffold what Jennifer Spouse (Spouse 2001) describes as knowledge-in-waiting to knowledge-in-use depends on available resources and the social environments in which students work and learn. Spouse concurs with the view that such environments must be carefully designed and planned to meet students' specific needs and development potential (Spouse 2001).

A more integrated model of support offers the opportunity to enhance the quality of learning by supporting the mentor to facilitate these needs. By mapping actual needs to existing resources, partners in the study would be able to identify where the mentor might be challenged to provide support and explore alternative, non-traditional ways of providing this within existing resources and roles. This is a fundamental requirement because the provision of poor learning experiences will lead to the next generation adopting similar practices (Thomas 2011 in press) and, as such, sub-optimal workforce development will supervene. Chapter 5 will discuss how this proposition was used as the basis for developing a modelling tool that would support stakeholders in undertaking such mapping.

#### **4.4 Learning as identity: supporting progression and becoming**

*In my opinion, student support occurs at two levels: support with the learning process and at the more fundamental level of emotional and practical support.* Non-student stakeholder 2

The notion of identity and becoming, in this context, is achieved through the provision of support for student progression from legitimate peripheral participant to full participant in the community of practice. Inextricably linked with this journey is the student's changing sense of identity from being a novice, or newcomer, to becoming a competent practitioner. At this point it is poignant to reconsider the notion of the journey of the learner as described in chapter 1, where learning in a professional nursing context is described as a continuum or ongoing developmental journey; conceptually a journey from the periphery to the centre. The journey from novice to expert involves progressive development of both psychomotor and cognitive skills.

Cognitive apprenticeship approaches aim to support development of the learner's cognitive processing, enabling progression from simple recall to meta-cognition (monitoring their own progress and outcomes as they participate in first-order cognitive tasks) and finally to the use of epistemic cognition. Epistemic cognition is when individuals are able to monitor their problem solving when engaged in ill-structured complex situations, reflecting on what they do and don't know. In other words, epistemic assumptions influence how individuals understand the nature of problems and decide what kinds of strategies are appropriate for solving them (Kitchener 1983). Such deep, or transformative learning, is required for professional and personal development (Mezirow 2000). Thus, in relation to 'supporting becoming', the first comparison with reality in this dialectic must be in relation to how such transformational learning is enabled.

If learning is transformative then progression from novice to competent practitioner can be conceptualised as a transformational journey for the student. In his literary accounts of mentoring adult learners, Laurent Daloz (Daloz 1999) illuminates the transformational journeys of adult learners through the lens of the mentor. It is relevant that Daloz describes stages in the developmental process and how learning changes learners in a multitude of ways, both professionally and socially. The process of transformation can be 'unsettling' as it leads to the learner questioning accepted assumptions and views as well as evoking new ways of knowing and understanding (McEwan, O'Connor et al. 2009). Daloz (Daloz 1999) proceeds to describe the role of the mentor as one of being a guide on the transformational journey, being there to provide both moral and academic support, to build trust and help the student to make sense of their new situation and their uncertainty and fear. Daloz (Daloz 1986) highlights that development or transformation can be a risky and frightening

journey into the unknown, as students are challenged to let go of old conceptualisations of self and the world. This is beautifully encapsulated in the accounts of Ellen, one of Daloz's students, as she talks about her journey:

*It's like a river, she said. It's like I am back there and want to get over here and the only way to do this [is] to cross the river. So I say 'OK' take a deep breath and go. And I make it over here, and that's where you are: you are alive. Sometimes I get mixed up about the journey across the river; sometimes I think it's the worst experience of my life; other times I think it's the most fantastic experience ... but you know, when you get over here, you leave something – you have to – and sometimes I wish I was the person back there, but I can't be and I don't want to be. I mean I can't ever be that person again. Once you cross that river, the innocence has gone. (Daloz 1986, p. 13)*

This highlights the psychosocial domain of supporting transformation, a domain that might be overlooked as it sits at the periphery of traditional student support. Psychosocial issues will impact on motivation and progression and, as such, will be considered as the second area of comparison with reality.

Having introduced the context of this section, two areas of comparison are considered. These two areas are enabling transformation and supporting transformation.

#### 4.4.1 Enabling transformation

##### *4.4.1.1 Rite of passage: a professional dichotomy*

This chapter has already highlighted some of the key constraints on learning conveyed by the nature of contemporary clinical environments as well as the challenging role of the mentor. Equally, the impact of detachment on student cognition has been highlighted. Such issues illuminate the complexity of student needs as well as the importance of creating the milieu for effective student progression and transformation. The practice placement provides a locus for student socialisation into the professional realm and therefore plays a critical role in supporting learning and development. However, the findings of the study highlight that rather than being a milieu for cognitive development the placement is often a time where the student earns, through a 'rite of passage', their entry to the profession. On the face of it, if considered in a true educational assessment context, this might be considered entirely appropriate. However, the reality reveals that there are a variety of ways in which this 'rite of passage' is achieved.

This chapter has identified that successful learning is dependent on effective social integration or socialisation (Smith, Allan 2010). In her seminal work on the professional socialisation of nurses, Melia (Melia 1987) found that students described a code or a set of rules which, if followed, would allow them to demonstrate the range of behaviours that ward staff found acceptable. By following the rules, students could demonstrate mastery of nursing work as it was carried out in the clinical area. Melia found that a consistent feature of student experiences was the attitude of ward staff who shared the view that students should 'pull their weight' and contribute to a fair share of the hard work as quickly as possible. Accordingly, students learnt to conform to this expectation and play their part in the nursing workforce. The need to conform was manifest in the 'need for speed' in getting

the work done and, as such, speed became a legitimate justification for the hurried approach to nursing care. The nurses in Melia's study were so preoccupied with getting by on a day-to-day basis that they had little time to think of how they might learn to do the work of a qualified practitioner.

Over a decade later, Cope et al. (Cope, Cuthbertson et al. 2000) highlighted the need for students to feel integrated and become accepted by the workforce, stating that acceptance requires familiarity with the context of the placement, confidence in the student's own capability within the context and acceptance by the professionals themselves. Such acceptance has to be earned by working in the area or community and gradually building up professional trust. In practice, however, Cope et al. (Cope, Cuthbertson et al. 2000) found that these aspects of acceptance were often bound up with one another. Social inclusion could ease familiarisation and could increase the students' confidence so that they were more likely to show the competence required for professional acceptance. The more recent work of Levett-Jones and Lathlean (Levett-Jones, Lathlean 2009) demonstrates that not much has changed over the last two decades. Students in their study adapted to the teams' values and norms rather than challenging them, as they felt this would improve their likelihood of acceptance and progression, even if this meant practising inappropriately. The findings of the Delphi provide testimony to the primacy of following the 'unwritten rules'.

*On an emotional and practical level, students have more fundamental needs which need to be met before effective learning can occur. They need to be oriented to the learning environment, including being shown where to change, store personal belongings, where the toilet and refreshments are situated, etc. They need to be introduced to members of the team and made to feel welcome to [sic] the placement environment ... students need to be oriented to key*

*aspects of departmental culture, as this can vary enormously between placements – by this I am referring to the ‘unwritten rules’ which operate within departments which can be confusing and difficult for the newcomer to identify.* Non-student stakeholder 2

Spouse (Spouse 2001) deduced from existing literature that strategies used in placement settings are derived from behaviourist approaches that use models of traditional apprenticeship where students learn from peers through trial and error, leaving the students feeling vulnerable and confused. The Delphi concurs that such approaches are still prevalent.

*[First year student with four weeks practice experience] There is no individualised support for your experience. I mean, I found a patient that had fallen and I just dealt with it but the nurse said, ‘Have you done an incident slip?’ I did not know what to do or that I had to do this.*

Student F3

*You do not know what the rules are. I was doing BM’s (blood sugar measurement) and then the nurse went on a course and said, ‘Now I know you should not be doing that.’ They all tell you something different.* Student F3

These approaches frequently leave students to steer their way through conflicts between techniques and beliefs taught by their educational tutors and those used by their clinical colleagues (Spouse 2001). Such conflicts, combined with the absence of consistent support, can lead to the student experiencing anxiety and stress (O'Driscoll, Allan et al. 2010, Warren 2012). This may result in the

student becoming demotivated (Warren 2012) and a subsequent impact upon their learning and development.

The deep learning required for transformation will be influenced by the student's sense of acceptance and social integration. Whilst most placements will be welcoming and supportive, it is evident that students are still struggling to reconcile their cognitive development with a demonstration of the behaviours that will gain them social acceptance and ultimately fulfil their rite of passage into the profession. As such, there is a need to provide adequate support within the placement environment to guide and support the learner and to give legitimacy to cognitive development alongside 'getting the work done'.

It is evident that there is a tension for students between the ideal form of nursing portrayed by the profession and its operationalised form in practice (Melia 1987). However, to achieve this rite of passage students have to conform to the expectations of those who will be making the clinical assessment decisions that will determine if the learner will progress. Conformity in this sense is more likely to allow the student to gain acceptance, provide them with identity as a legitimate part of the nursing workforce and ultimately lead to successful completion of the placement. The Delphi highlighted varying expectations of mentors in relation to the criteria used to assess competence and progression:

*I filled it in as I was told [the portfolio of evidence] and they said [the mentor] you've done it wrong, you don't need to do all that. I just need to sign it and it will be ok. Student F2*



*Some mentors just tick the box; they don't check evidence, some do, some spend ages on it.*

Student F1

There has been much recent debate in relation to the quality of the assessment of students, provoked by a report by Kathleen Duffy (Duffy 2003), who revealed that for a variety of reasons mentors were failing to fail students who did not demonstrate the level of competence required to pass the placement. This work highlighted inconsistencies in relation to the assessment of student nurses by mentors and raised concerns in relation to mentors' preparation for this role. Subsequently, the Nursing and Midwifery Council issued new standards for mentors related to their eligibility and preparation to undertake the role and issued a new requirement to 'sign off' the student as competent to enter the professional nursing register at the end of the programme (Nursing and Midwifery Council 2008). This focused attention, rightly so, on the gatekeeper role of the mentor in relation to assessment, and more recently this has sparked concerns regarding the detriment of the holistic educational role of the mentor (Holland 2012). Recent evidence suggests that such issues are still present (Jervis, Tilki 2011, Fitzgerald, Gibson et al. 2012). Recent concerns focus on the inconsistent feedback and assessment decisions made by mentors and on the assessment of clinical skills over other professional domains such as appropriate values, attitudes and behaviours (Fitzgerald, Gibson et al. 2012). Literature related to the clinical education of physiotherapy students highlights that how the clinical practitioner evaluates a 'good student' may contradict the notion of an enquiring learner, the 'good student' is one that is pleasant or accepted (Cross, Hicks 1997). Indeed practitioners confirm the difficulty of failing the 'popular student' (Jervis, Tilki 2011). Such judgments reinforce the primacy of 'fitting in' for the student and how they should act if they are to progress satisfactorily.

Once again, such practices serve to detract from approaches that instil deep or transformative learning. The depth and pace of transformation in this sense is dependent on the quality of the mentor and the learning culture within the individual placement environment.

#### 4.4.2 Supporting transformation

*In my experience as an educator, one of the areas of need that I constantly find unmet with students in general is that of pastoral issues and work-related anxieties. Due to the fact that nursing students are predominantly female, and often mature, they necessarily tend to have caring and other responsibilities that impact tremendously on their placement learning. In my opinion students generally receive inadequate support from both university and placement providers when experiencing such difficulties. Personal issues can contribute significantly to students failing placements and practice-based assignments, and it is my opinion that if students were encouraged to discuss personal difficulties at an early stage and more support could be provided then this could be avoided.* Non-student stakeholder 6

This quotation from a very experienced educator summarises succinctly the importance of supporting transformation of the student in the broadest sense. The majority of discourse related to student support during the practice placement is focused on supporting learning and assessment. However, the literature on student nurse attrition highlights that there is a whole range of highly personal reasons why students exit from the pre-registration programmes (Last, Fulbrook 2003, Urwin, Stanley

et al. 2010). Such discourse highlights the influence that psychosocial issues have on a student's decision to leave. Equally, the influence of sub-optimal communication and operational factors between the HEI and the placement area are shown to have an impact on effective student support and progression (Last, Fulbrook 2003, Pearce 2004).

The study findings isolate a range of psychosocial needs in the student-centred domain that stakeholders felt required support. Conversely, it was felt that continuity of support in this area was challenged when the student was on placement.

*Liaison between university and clinical placement is sometimes not close enough to pick up where students are having problems until it becomes a big issue – some of this is about the numbers of students to lecturers and the number of clinical placements to lecturers. Non-student stakeholder 5*

*Link teachers are often only aware of specific placement issues and may be unaware of a students' prior issues/problems when advising staff. Non-student stakeholder 5*

Two fundamental needs emerged from the data in relation to supporting student progression or transformation during the placement. These needs are associated with helping students deal with the real-world practicalities of being a student and with supporting the personal, psychological adjustment evoked by the transformation process.

#### 4.4.3 Real-world practicalities

As previously described, the widening participation strategy in nursing has seen a marked increase in the diversity of students in terms of age, gender, ethnicity and educational background (Scholes, Freeman et al. 2004). This has evoked further complexity in relation to the needs of this group of learners, such as childcare support and the recognition of financial burden (MORI. 2003). Full recognition of the needs of these learners is key. Maslow's theory of human motivation and posited hierarchy of needs (Maslow 1971) suggests that if we omit to identify, integrate and meet a student's lower-level needs then they will be unable to consider or address their higher-level intellectual ones.

The findings in this study concur with those of others in recognising the impact that personal issues and social circumstances can have on student progression (Last, Fulbrook 2003, Urwin, Stanley et al. 2010). Such impacts include financial imperatives that often require students to hold other jobs alongside their student roles, as well as domestic concerns such as the need to secure childcare (often out of normal hours). Empirically, age, ethnicity, health and wellbeing and students' special needs are influential in increasing the risk of non-completion of pre-registration programmes (Urwin, Stanley et al. 2010).

*It is a challenge for programmes and student support to be structured so students can fit their family/social needs into the normal healthcare cycle on a scale that seems necessary because of the current students in the system.* Non-student stakeholder 6

*In an ideal world there would be more financial support/childcare facilities.* Non-student stakeholder 7

*Weaknesses include financial constraints in terms of funding travel [to placements] and books.* Non-student stakeholder 3

*[There are] difficulties with support for students with disabilities in clinical practice; students have support at a HEI level but this can be difficult to translate into practice.* Non-student stakeholder 6

The complexity and pace of the placement environment, as well as the challenging role the mentor has to manage, pose a risk to identifying and supporting students' fundamental needs. The case study provided in chapter 3 (page 204), provides an example of the implication of this for the student. In this situation, financial difficulties were manifest in the clinical performance of the student to the extent that their progression was at risk. Lack of continuity and visible support were recognised as weaknesses inherent in local models of support.

*Clinical placement facilitators are few in number and have a whole Trust to cover. Inevitably, they will need to focus on new students, problem areas, problem students and a catch-all approach to student supervision, gathering up as many students as possible at one time to*

*check they are OK. Students may be reluctant to talk about specific personal problems in a group setting.* Non-student stakeholder 5

Consensus was not achieved in the Delphi in relation to who was responsible for identifying and supporting these needs, even though it was recognised that this was an important dimension of support:

*[Strengths of the system are when] there is a clear line of responsibility and students know who they can contact/turn to if they have a problem or need.* Non-student stakeholder 4

In the absence of defined support, students may be inhibited in their progression or developmental transformation. Whilst, clearly, many students ‘battle through’ and cope with the practical difficulties they face, it is entirely possible that in doing so their potential development is constrained because they cannot fully focus on their cognitive advancement.

#### **4.4.4 Personal adjustment**

For various reasons, many students perceive the clinical environment to be laden with anxiety and stress (Midgley 2006). There are multiple psychological and emotional adjustments that have to be made that are an integral part of their transformational journey. Key adjustments made by the students are the adaptations in values, behaviours and approaches required to negotiate social integration to both higher education and clinical communities. At the same time, other stressors such

as exposure to the reality of caring, the death of a patient, the academic workload, the theory practice interface and poor relationships with practice staff have been known to have a detrimental effect on student wellbeing (Evans, Kelly 2004, Timmins, Kaliszer 2002). The transition of the newcomer into the professional domain can sometimes be thwarted by disillusionment and stress when their pre-conceptions of nursing are not reflected in reality (Last, Fulbrook 2003). As such, psychological and emotional adjustments have to be made and feelings reconciled.

Emotional reactions to stress included feeling exhausted and becoming upset under pressure (Evans, Kelly 2004). Unless the cause of stress is identified and the student supported, these behaviours may be interpreted as disengagement or lack of enthusiasm (Last, Fulbrook 2003). Such behaviours are likely to negatively impact on the student's social integration, creating potential for ongoing social detachment and, in the extreme, student discontinuation.

*Inadequate support may cause students to feel that they cannot cope with the nursing experience, and research has shown that some leave nurse education completely as the result of a poor placement.* Non-student stakeholder 5

Daloz (Daloz 1986) describes the impact of education on the adult learner in terms of how their development influences the way they think about the world and their place in it. He likens this to child development, stating that a ten-year-old does not simply know more than a four-year-old, but he thinks differently because his experience will have influenced his interpretations and perceptions of the world. Daloz (Daloz 1986) describes the transformational experiences of adult learners as they

reframe and understand in a very different and new way the meaning of the world they once knew. The journey does not take away our old experiences, as we often fear when we embark, but simply gives them new meaning. Mezirow (Mezirow 2000) echoes this notion in relation to the nature of transformative learning, highlighting that in this change of perspective one finds the meaning of transformation.

Changing perspectives, and the associated reframing of the world and the student's place within it, may extend to aspects of their social world, with associated implications for their personal circumstances. This concept is especially pertinent to the demographic of the student body because the number of mature learners has increased. Interconnections between educational, family-related and social spheres of life have been shown to be integral to the experiences and outcomes of mature student participation in education (Steele, Lauder et al. 2005).

Stakeholders identified that students were often challenged because they were unable to discuss and address their anxieties and emotional difficulties when on placement. They once again highlighted the challenge faced by mentors in fulfilling this fundamental need.

*Students not feeling able to discuss difficult issues that they face, e.g. anxieties regarding aspects of practice, academic work or personal issues impacting on the placement. Non-student stakeholder 5*



*Mentors regularly do not have enough time to deal with students [at this emotional level].*

Non-student stakeholder 5

The degree of personal support shown to students during a stressful placement is sometimes inadequate (Wills 1997). There is a need to ensure that adequate support is provided pastorally for the learner whilst they are on placement because unresolved issues might impact on their level of engagement with learning, as well as on their ability to cope with the multifaceted psychosocial dimensions the programme may evoke.

#### **4.5 Ideal versus reality – learning as identity: supporting progression and becoming**

The need to provide pastoral support on pre-registration programmes has grown, and is likely to continue to grow, as people live more complicated lives and the demographic of the student population continues to expand (Rhodes, Jinks 2005). The range of student needs identified through the Delphi clearly recognised this. Stakeholders agreed that the provision of support for the student's psychosocial needs was an important element of the practice placement. This analysis has identified that such support is essential to enable cognitive progression as well as to support the student in adjusting to the changes evoked during their individual development journey. The placement environment should nurture students in order that they can develop personally and professionally, gradually gaining a sense of identity. As Heron (Heron 1989) purports, supportive interventions are direct statements of caring; therefore, as nursing students are being taught to care it is right that they should receive care from those who support their education, in order to facilitate their personal

development. The reality is consistent with previous comparisons in that whilst there is overwhelming recognition that this type of support is needed, there are inconsistencies in relation to how this is provided.

The challenging role of the mentor emerges again, restricted by being unable to provide the level of personalised support that would go some way to ameliorate the social, psychological and emotional confrontations that may impact on placement learning and student progression. Equally, the manner in which those who support education work together to identify, support and monitor student needs is inconsistent. Stakeholders identified that there is lack of clarity in relation to roles and responsibilities of the various post-holders across education and practice; in other words, support was available, but without a consistent navigator, or at least a map, the student can feel isolated or lost.

In relation to developing a sense of identity, this comparison has raised the notion of a professional dichotomy in relation to what the learner must do to complete the rite of passage needed to become a full participant in the community of practice. Students recognise they need to 'keep the harmony', 'get on with the work' and 'fit in' if they are to progress. The preoccupation with achieving these outcomes often leads to them neglecting their true development needs and thus constraining epistemic cognition or deep learning. It is clear that there needs to be more rounded and consistent support to enable the student to reconcile social integration and deep learning. It has been recognised that learners need to draw on a range of education and practice staff to enable them to do this and to support the role of the mentor (Walsh, Jones 2005, Wills 1997, Evans, Kelly 2004).

However, in the absence of an explicit map of needs, and clarification of responsibilities, the impact of such networks in relation to facilitating student progression is variable.

#### **4.6 Exploring the structural enabler network to develop an integrated model of support**

In this chapter, in order to compare the ideal with the actual system, I used Wenger's social theory of learning inventory (Wenger 1998) as a framework for comparison. In the ideal, the learner's developmental journey takes them from being a legitimate peripheral participant to becoming a full participant in the community of practice. On that journey the students have a range of needs that require support. These needs are situated within four domains: learner centred, knowledge centred, assessment centred, and quality centred. These needs will require support if the learner is to progress towards full participation effectively. Wenger purports that a social theory of learning must integrate the components necessary to characterise social participation as a process of learning and of knowing and therefore presents an inventory of components, these being community, identity and meaning and practice.

In moving through the third dialectic, that is, comparing the ideal system to the reality of the current system, I identified key areas for enhancement. The impact of the uncoupling of education and practice on the students' social integration has been significant. In the absence of a fully integrated model of support for students in practice, their social integration into the practice community is thwarted, sometimes leading to the students having a sense of social detachment from both higher education and the clinical practice community.

In seeking to identify the ideal, the Delphi achieved consensus in relation to the key needs for effective learning in practice within the knowledge domain, many of which facilitate cognitive apprenticeship within the community of practice. The reality within the current context is that current roles within the placement are challenged to deliver and meet these needs. Closer working with the mentor or a 'more knowledgeable other' is essential for a positive acculturation into the nursing profession and to support cognition and skills development (Murphy, Black et al. 1998).

The comparison highlighted challenges in relation to the provision of psychosocial support for learners. Whilst there is overwhelming recognition that this type of support is required, there are inconsistencies in relation to how this is provided. The challenging role of the mentor emerges again and again. Contemporary service environments place multiple demands on the mentor who, in the absence of other support roles, is left to try to facilitate the placement experience and meet the majority of student needs. This said, a range of support roles exists across education and practice. However, in the absence of an explicit definition of what these needs are, it has been difficult for stakeholders to model how support can be provided. This has left both staff and students unclear as to who provides support and how it is provided. The result is that there has been variability of support across all domains.

The aim of this action research project was to identify the support needs of students during practice placements. The original proposition in chapter 1 (page 68) was that there was a sub-optimal strategic fit in relation to the current model of support for student nurses during practice placements. This is upheld in the study findings. The consequence of the uncoupling of practice and education has given rise to a set of challenges that needs to be rectified. Whilst there was consensus on what the

needs of students were during placements, there remained no consensus at a national and local level on who should provide this support.

As the comparisons have highlighted, in the absence of an effective structural enabler network student support is variable and so is their progression and development. This may provide an explanation as to the variability of competence and confidence at the point of registration. Consistent support should ensure that learners are achieving development within a similar range as they progress to become full community participants, in this case at the point of professional registration. Lave and Wenger (Lave, Wenger 1991) use the term 'centripetal' to refer to movement around the centre of the community. In the absence of an effective structural enabler network, or integrated model of support, these comparisons suggest that there is potential for centripetal variability or variability at the point of registration. This construct has been conceptualised in figure 25.

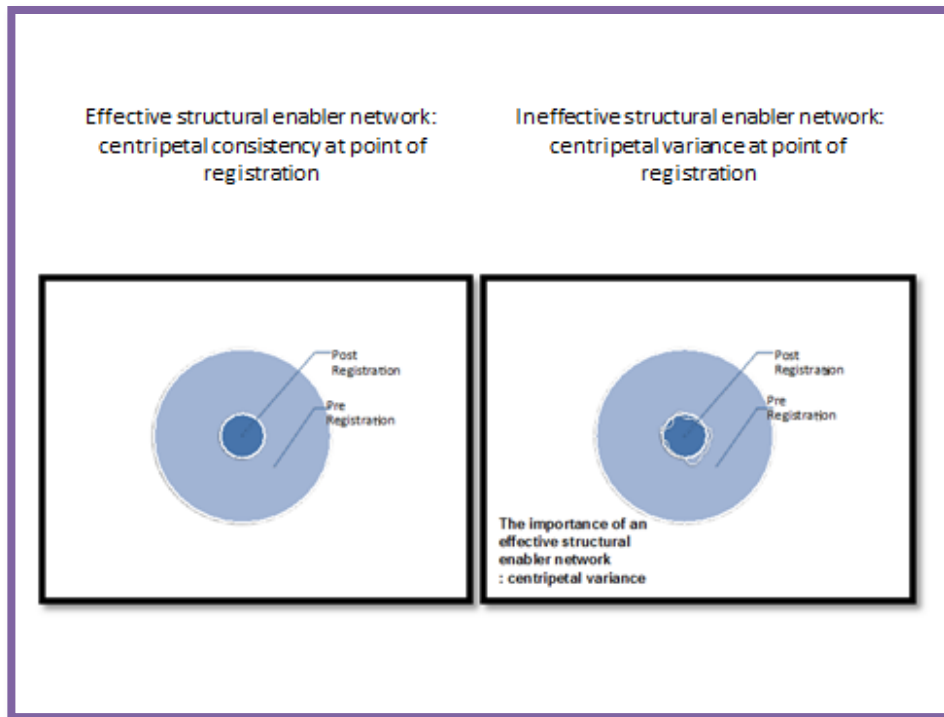


Figure 25 The importance of an effective structural enabler network: centripetal variance

Daloz (Daloz 1999) uses the metaphor of transformation as a journey in which the mentor or instructor serves as a gatekeeper as well as a guide for students on the journey. The guide or mentor acts as a catalyst for development, recognising cognitive growth but also emotional, moral, spiritual and sensory experiences that may accompany change. The comparisons explored in this chapter recognise the need to provide appropriate guides and mentors to ensure that the full range of student needs are met and that effective learning and development are facilitated.

Models of student support vary across the country, dependent upon available resources. I therefore recognised that it would be difficult to design a 'one-size-fits-all' structural model of support. In the absence of a consistent guide or mentor a 'structural enabler network' of facilitators was required

who, collaboratively, could provide support aligned to the needs defined in this study. This would support the student and enable them to progress to become a competent and confident full participant in the professional nursing community.

To develop a locally sensitive 'structural enabler network' I used the conceptual framework (as shown in figure 22, page 257) to develop a modelling framework and tool that would enable stakeholders to map existing roles to the needs identified. This would also enable stakeholders to identify any support needs that were currently unmet and then address these. The development and use of the modelling framework and tool will be described in chapter 5.

#### 4.7 Chapter summary

This chapter has described the outcomes of the third dialectic. Here, I compared the conceptual framework depicting the ideal to a rich picture of reality obtained from the study findings and the existing body of literature using Wenger's social theory of learning inventory as a framework (Wenger 1998). These comparisons identified important considerations for the ideal. The impact of the uncoupling of education and practice on the students' social integration was explored giving rise to a primary theoretical model for improvement (figure 24, page 278). The comparison also identified that student support is currently variable across the range of needs. This dialectic identified the need for Higher Education and placement provider staff to work together in an integrated way to ensure that support is provided across all areas of need.

The move to a more integrated model of support for learners is an important part of securing an effective community of practice. A more integrated model of support offers the opportunity to enhance the quality of learning by supporting the mentor to meet student needs. The outcome of this phase of the study was that I developed a modelling framework and tool that would enable stakeholders to map actual needs to existing resources and explore alternative, non-traditional ways of providing this support. This would secure a more integrated model of support across HEIs and placement provider organisations by defining and agreeing the local 'structural enabler network'.



## Chapter 5: Proposing changes and action

This chapter explores the fourth and final dialectic of this study. In the fourth dialectic, feasible and worthwhile improvements from the third dialectic were acted on. This chapter will describe how I used the conceptual model of support to develop a pragmatic modelling framework and tool that enabled stakeholders in two localities to meet the full range of student needs within available resources. The outcome of using this tool was that local integrated models of support were developed and implemented in the form of two local pilots.

To assess the external validity and transferability of the modelling framework and tool, I presented the findings of the study to a group of stakeholders during a workshop at a national nursing education conference. I asked the participants to vote using anonymous electronic handsets on the relevance of the findings to their own lived experiences of student nurse support during practice placements. This chapter will explore the outcome of this validation process.

### 5.1 Introduction

In relation to the Delphi there was a stark contrast between the levels of consensus linked to the 'what' statements and those linked to the 'who' statements. There was agreement, across the range of stakeholders, in relation to the domains and outcomes for student support during practice placements. However, when asked to consider 'who' should be supporting these needs, whilst there was agreement in some areas, generally consensus was not achieved. Whilst initially I considered that the results from the Delphi could be utilised to construct a new, definitive model of support for

students, it soon became apparent that without consensus on the 'who' questions this could not be achieved.

In the absence of consensus on the 'who' questions, it was difficult for the structural enabler network to be defined and a new model of support developed. The second challenge was that the partnership culture and resources available to support students in placements would vary from locality to locality (Jones 2006). It became apparent that because of this local variability there was unlikely to be a single solution that could be applied to all areas. It also became evident that any new model would need to be flexible enough to provide a local solution that would be aligned to the level of resources (or post-holders) that were available to provide support. Equally, when considering the factors that would be influential in the successful management of change, engaging stakeholders in modelling their own local solution would be more likely to result in successful implementation (Kotter 1995, Russ, Broussine 1996, Waddell, Sohal 1998). I considered that if the solution was developed collaboratively by stakeholders, it would enable a politically and resource-sensitive solution to be achieved that would be practical and sustainable in the local context and within existing resources and systems. The solution I developed was to use the conceptual framework to develop a modelling framework and tool (figure 26) that could be used by stakeholders to develop an integrated model of support for students in practice within a local context.

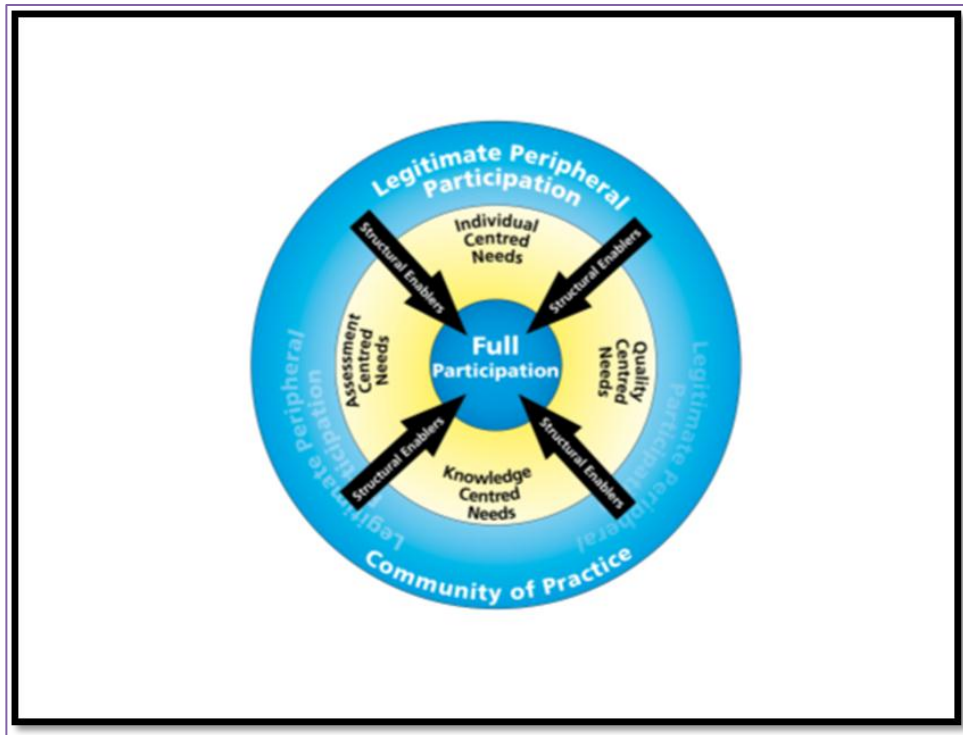


Figure 26 The modelling framework

The tool used the core domain needs identified through the Delphi as a basis for creating a template that enabled needs to be mapped to roles across both HEIs and placement provider organisations. This mapping could then be used to develop a set of role descriptors for these roles. This ensured that each role was well defined in terms of its key objectives and that all areas of need were addressed. Together this set of role descriptors provides a network of roles that, by having clear responsibility for supporting explicit areas of need, delivers a more integrated model of support.

To assess the validity and transferability of the modelling framework and tool, I piloted its use with two different stakeholder groups within the West Midlands region. As described in chapter 2 (page 140) this was achieved by holding two structured stakeholder workshops. Firstly, I presented the

findings of phases 1 and 2 of the Delphi to participants as a set of consensus needs for student support during practice placements. I asked participants to review these consensus needs and identify whether they agreed or disagreed with any of the items. Any disagreement was the focus of further debate and discussion until consensus was reached in relation to inclusion of the particular need. I also provided stakeholders with the opportunity to include any additional locally specific needs if there was consensus amongst the group that these should be included.

I asked the stakeholders to form into two groups, one HEI group and one service provider group. They were asked to consider each of the consensus needs and agree who should be responsible for supporting this need, choosing from the following five categories: HEI staff; mentor; practice placement manager; shared responsibility; or 'practice other' if the outcome did not naturally align to any existing role. The findings of the two groups were mapped together and any item where there was divergence of opinion was discussed and debated until general consensus was achieved.

## 5.2 Summary of results

Absolute consensus was achieved at both workshops in relation to the validity of the core domain needs identified in the modelling framework. In both localities, stakeholders agreed three local needs that were included in the mapping template (as shown at the bottom of Table 15). Consensus was achieved in relation to matching all needs to roles. In some cases, after much discussion, the need was allocated to being a 'shared' responsibility between HEI and placement provider roles. In these cases, stakeholders agreed which roles in the HEI and placement provider organisation would share

responsibility for supporting this need. A summary of the outcome of the mapping process is provided in Table 15.

Table 15 Stakeholder mapping outcomes locality 1 and 2

## Stakeholder mapping outcomes in locality 1 & 2

H = HEI Role

S = Shared

P = Practice Placement Manager / Clinical Placement Facilitator

1 = Locality 1

M = Mentor

2 = Locality 2

PO = Placement provider 'other' role

Student-Centred Needs	1	2	Knowledge-Centred Needs	1	2	Assessment-Centred Needs	1	2	Quality-Centred Needs	1	2
Provide pre-placement information in relation to what is expected of the student when in practice	S	H (S)	Pre-placement preparation in relation to developing relevant skills	PO (S)	PO	Provision of a named mentor	P	P	Well-planned, coordinated placements (including capacity management)	S	P (S)
Provision of a level of supervision that enables the student to learn and practise safely	H	P	Provision of formal facilitated learning/learning opportunities in practice	PO	PO	Provide the student with frequent feedback on their performance	H	M	Ensure placements meet relevant standards	P (S)	P (S)
Promote a culture where students are made to feel welcome and part of the team in the practice area	PO	PO	Provision of specific support to link theory to practice	H	S	Facilitate close and consistent observation as part of the assessment process	PO	M	Access to well-prepared, competent teachers and mentors	P	P
Provide support to enable students to cope with the emotional aspects of nursing when in practice	PO	H	Provision of periods for facilitated reflection during the placement	H	PO	Other elements contained within regulator standards assigned to mentors (see below)	M	M	Secure student access to staff facilities such as lockers/learning-related computer access	P	P
Support the student in understanding and	PO	H	Provision of learning opportunities that	PO	PO	<i>Standards assigned to mentors (NMC 2006)</i>			Provide access to on-line resources for	P (S)	H

Student-Centred Needs	1	2	Knowledge-Centred Needs	1	2	Assessment-Centred Needs	1	2	Quality-Centred Needs	1	2
adjusting to the culture of nursing and the practice environment			challenge or develop their practice			Organising and coordinating student learning activities in practice			students when in practice		
Provision of pastoral support when on placement in relation to any problems they may have (emotional/social /financial)	H	H	Secure protected time for learning during practice placements	H	P	Supervising students in learning situations and providing them with constructive feedback on their achievements  Setting and monitoring achievement of realistic learning objectives			Ensure that a range of professionals are available to help students deal with issues that arise in or from practice	P	P
Provide advocacy for the student (for example if there were problems with the student/mentor relationship)	H	H	Provision of a safe environment in which to practise and develop skills	H	S (H/P)	Assessing total performance – including skills, attitudes and behaviours  Providing evidence as required by programme providers of student achievement			Monitor the skill mix of staff in relation to its impact on the quality of the placement experience	P	P
Provide support for students in relation to managing competing workloads (academic and practice requirements)	H	H	Provide clear direction in relation to learning in practice	H	PO	Liaising with others (mentors /sign-off mentors/practice facilitators/practice teachers/personal tutors/programme leaders) to provide feedback, identify any concerns about the students' performance and agree action as appropriate			Develop and promote strong links between the HEI and the placement area	P	S
Provide support for any special needs that the student may have in relation to their learning in the practice environment (e.g. dyslexia or other disability)	P	S				Providing evidence for, or acting as, sign-off mentors with regard to making decisions about achievement of proficiency at the end of the programme			Ensure that clear lines of responsibility are maintained in relation to roles that support the student in practice	P	S

**Locally defined optional outcomes locality 1**

- Develop simulation opportunities S
- Preparation for employment P
- Develop inter-professional learning opportunities S

**Locally defined optional outcomes locality 2**

- Develop inter-professional learning opportunities P
- Promote equity in relation to student placement experiences S
- Provision of local support for mentors P



### 5.3 Reflections on the role-mapping process

The following section provides a reflection on the mapping process undertaken by the two stakeholder groups in order to gain insights into their perceptions of roles and responsibilities within the existing and emergent support model.

The first notable outcome was that both groups went through a similar process of discussion and debate, making very similar decisions about who should support which domain outcomes. The most striking feature of the process, as an observer, was that for student- and knowledge-centred needs there were varying views expressed in relation to whose responsibility it was to provide support when the student was in placement.

#### 5.3.1 Holes in the safety net

In relation to student-centred support, it was largely felt that the personal tutor (the student's named personal lecturer who has responsibility for monitoring the student's progression throughout the programme) had key responsibility for the student's psychosocial needs. However, it was recognised that the personal tutor may be considered remote when the student was in placement. The personal tutor was usually available during this time by telephone or by email; however, the discussions highlighted the concerns that stakeholders held about continuity of support. It was felt that in order to support the student pastorally, support was required 'in situ', providing continuity and facilitating the development of a trusting relationship. It was evident that there was a lack of clarity in relation to the support structures for the student when in placement.

There were several roles offering support to the student: the mentor; the personal tutor; the link lecturer; and the practice placement manager/facilitator. However, whilst there was a safety net of roles to support the student, lack of clarity, continuity and a consistent approach to providing this support for the student in placement can mean that students, such as those in the study examples, can slip through this net. This would be especially pertinent in relation to students who may be achieving academically and in clinical practice but who may have underlying psychosocial problems that may pose a risk of future attrition.

As discussed in chapter 4 (page 277) there is national concern in relation to the high level of attrition in pre-registration nursing programmes. Urwin et al. (Urwin, Stanley et al. 2010), in their review of the UK literature related to student nurse attrition, discuss three levels of possible contributory factors that they identified (micro/individual; meso/institutional; and macro/political and professional). In conclusion, they argue that a concern with attrition is legitimate and that strategies should be put in place to respond to each level of contributory factors.

Providing close and consistent support in this context would seem essential. Stakeholders recognised that the mentor, as a qualified nurse, had multiple competing demands placed upon their time. They also recognised that the mentor may not have the length of time required to provide the level of relationship needed to pick up on and address more subtle personal issues.

### 5.3.2 Accidental learning

When discussing responsibilities for knowledge development during the placement, it emerged that there was some contention between HEIs and service providers in relation to who was responsible for teaching and learning in practice. When the outcomes within the knowledge domain were being explored, there was a sense that it was someone else's business. Indeed, support in this domain was a relative wilderness, with little agreement in relation to where the responsibility sits.

Service providers were of the view that, as the HEIs received the majority of financial income for the programme, they should provide support for formal facilitated learning when the student was in practice. Conversely, HEI staff felt that learning and teaching in practice was the responsibility of the placement provider. Both partners were clearly challenged to provide the level of formal learning and teaching identified in the knowledge domain. This notion provides an explanation for the variable levels of support identified in the Delphi, including the frequent feedback that learners were not having their learning matched to their level of experience. It appears that the level of formal facilitated learning and teaching is placement dependent and, in the absence of consistent facilitation, learning may sometimes be accidental. The term accidental learning has been used rather than opportunistic learning because opportunistic learning experiences are, in the main, facilitated within the context of the learners' identified core learning outcomes. Accidental learning describes uncoordinated experiences that are not facilitated or consolidated through discussion or reflection. The result of this is that the quality of the pathways from legitimate peripheral participant to full participant in the community of practice may be variable.

### 5.3.3 Getting to the crux of the problem

During the mapping process, at both workshops, it became evident that there was a range of domain outcomes that could not be facilitated by existing roles. These needs were assigned to the placement provider 'other' role. These focused mainly on needs within the student- and knowledge-centred domains. Both stakeholder groups identified the need for a new, additional role in the support structure. They identified the need for a clinically based role that would enhance and support the role of the mentor at the clinical interface. This indicated that the existing structures required strengthening if they were to support the range of student needs identified in the study.

As highlighted previously, stakeholders recognised and agreed that many of the domain needs required a shared responsibility to provide support effectively. For example someone based in the practice placement may identify that a student has an issue, but they will need to contact the HEI-based personal tutor to agree a package of support. This said, they did agree that if they did not identify who had prime responsibility for each domain need then there was potential for duplication or omission.

Whilst initially there had been much discussion about 'who' should be responsible for the 'what' eventually, consensus was achieved. Both stakeholder workshops used the mapping process to produce a set of role descriptors that together contained all core and optional domain needs. An example of a set of role descriptors developed using the mapping tool is shown in figure 27.

Mentor	PPM/CPF	HEI Role	New peripatetic practice role
<ul style="list-style-type: none"> <li>• Organising and coordinating student learning activities in practice.</li> <li>• Supervising students in learning situations and providing them with constructive feedback on their achievements.</li> <li>• Setting and monitoring achievement of realistic learning objectives.</li> <li>• Assessing total performance—including skills, attitudes and behaviours.</li> <li>• Providing evidence as required by programme providers of student achievement.</li> <li>• Liaising with others (mentors/sign-off mentors/practice facilitators/practice teachers/personal tutors/programme leaders) to provide feedback, identify any concerns about the students' performance and agree action as appropriate.</li> <li>• Providing evidence for, or acting as, sign-off mentors with regard to making decisions about achievement of proficiency at the end of the programme.</li> <li>• Provide the student with frequent feedback on their performance.</li> <li>• Facilitate close and consistent observation as part of the assessment process.</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of a named mentor.</li> <li>• Well-planned, coordinated placements (including capacity management).</li> <li>• Ensure placements meet relevant standards.</li> <li>• Access to well-prepared, competent teachers and mentors.</li> <li>• Secure student access to staff facilities such as lockers/learning-related computer access.</li> <li>• Ensure that a range of professionals are available to help students deal with issues that arise in or from practice.</li> <li>• Monitor the skill mix of staff in relation to its impact on the quality of the placement experience.</li> <li>• Develop and promote strong links between the HEI and the placement area.</li> <li>• Ensure that clear lines of responsibility are maintained in relation to roles that support the student in practice (shared).</li> <li>• Provision of a level of supervision that enables the student to learn and practice safely.</li> <li>• Secure protected time for learning during practice placements.</li> <li>• Provide a safe environment to practice and develop skills (shared).</li> <li>• Develop inter-professional learning opportunities.</li> <li>• Provide local support for mentors.</li> <li>• Promote equity in relation to student placement experiences (shared).</li> </ul>	<ul style="list-style-type: none"> <li>• Provide pre-placement information in relation to what is expected of the student when in practice.</li> <li>• Provide support to enable students to cope with the emotional aspects of nursing when in practice.</li> <li>• Support the student in understanding and adjusting to the culture of nursing and the practice environment.</li> <li>• Provision of pastoral support when on placement in relation to any problems the student may have (emotional/social/financial).</li> <li>• Provide advocacy for the student.</li> <li>• Provide support for students in relation to managing competing workloads (academic and practice requirements).</li> <li>• Provision of specific support to link theory to practice (shared responsibility).</li> <li>• Well-planned, coordinated placements (shared).</li> <li>• Ensure placements meet relevant standards (shared).</li> <li>• Provide access to on-line resources for students when in practice.</li> <li>• Develop and promote strong links Between the HEI and placement area (shared).</li> <li>• Ensure that clear lines of responsibility are maintained in relation to roles that support the student in practice (shared).</li> <li>• Provision of a safe environment to practice and develop skills (shared).</li> <li>• Promote equity in relation to student placement experiences (shared).</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-placement preparation in relation to developing relevant skills.</li> <li>• Promote a culture where students are made to feel welcome and part of the team in the practice area.</li> <li>• Provision of formal facilitated learning/learning opportunities in practice.</li> <li>• Provision of periods for facilitated reflection during the placement.</li> <li>• Provide clear direction in relation to learning in practice.</li> <li>• Provision of learning opportunities that challenge or develop their practice.</li> </ul>

Figure 27 Example of role descriptors developed using the mapping tool

### 5.3.4 Summary

In attempting to define the 'who' in relation to supporting student needs, it had emerged that the current model of support for student nurses in practice used by stakeholders was non-optimal. There were multiple needs, especially in relation to student- and knowledge-centred areas, for which there was a lack of clarity regarding ownership of responsibility. Whilst it was agreed that for many domain needs there was a shared responsibility, the absence of clear lines of accountability meant that on occasions some needs might not be met. Clear examples of this were evident in the findings of phases 1 and 2 of the Delphi. Both stakeholder groups identified a set of needs that they felt did not align to existing roles. They identified the need for a new resource/role that would complement existing roles and ensure that a fully integrated model of support could be implemented that was aligned to their core and optional domain needs.

The modelling framework and tool provided an opportunity for stakeholders to review the full range of student needs and agree how, as partners, they would ensure that these needs were addressed. At the end of the process, both stakeholder groups had a clear and defined set of role descriptors that, as a set, provided a new, integrated model of support for their nursing students when on practice placements.

### 5.4 Putting proposals into action

In order to pilot the new model of support, stakeholders developed a business case for the 'new role' required to address needs that sat outside those supported by existing roles. The business case was based on the Delphi evidence and the resources aligned to delivering against the role descriptors.

Funding was secured from West Midlands Strategic Health Authority to recruit to the new role and implement the new models.

In line with Checkland's adapted action research framework (Dick 1993), re-immersion in reality, in the form of an evaluation of the implemented integrated models of support, is required. The evaluation tool will be based on assessing the student experience against the modelling framework needs to measure the effectiveness of the integrated support model in supporting the full range of needs. This will be the subject of a further study as it would exceed the time frame available for my current course of study.

Following implementation of the new support models, the Nursing and Midwifery Council undertook a regulatory review of pre-registration nursing at one of the HEIs participating in the study. Such reviews involve seeking the views of students and other stakeholders in relation to the quality of the programme being inspected. The review outcome indicated that partnership working and the model used to support students in practice by HEI staff was outstanding (appendix 5). This early outcome is by no means a scientific measurement of the impact and effectiveness of using the modelling framework, as there were multiple initiatives running concurrently. However, it does suggest early indications that it at least contributed to a level of enhancement from a subjective perspective.

## 5.5 Searching for disconfirmation: testing transferability and applicability at a national level

Having validated and utilised the modelling framework and tool at a local level, it was then important for me to test out its validity at a national level. I used a dialectical process to seek out disagreements, or disconfirmation, of findings at a national level. I considered that this would provide a guide as to the framework's transferability for general use.

As described in chapter 2 (page 151), I presented the findings of the study to a convenience sample of stakeholders at a national nursing education conference. The group included HEI staff, service provider staff, students and a service user. I presented the findings of the research to the stakeholder audience. Using electronic anonymous voting handsets, I asked the participants to rate their agreement or disagreement with each element of the findings. A discussion took place following each phase of the voting to gain an understanding of the level of agreement or disagreement with the findings. As can be seen in Table 16, absolute consensus was achieved in all areas except one. One participant could not relate to the assessment-centred findings. A group discussion took place and it was identified that the participant could not relate to some of the scenarios presented from the Delphi; however, she did fully agree with the domain needs listed.



Table 16 National stakeholder workshop results

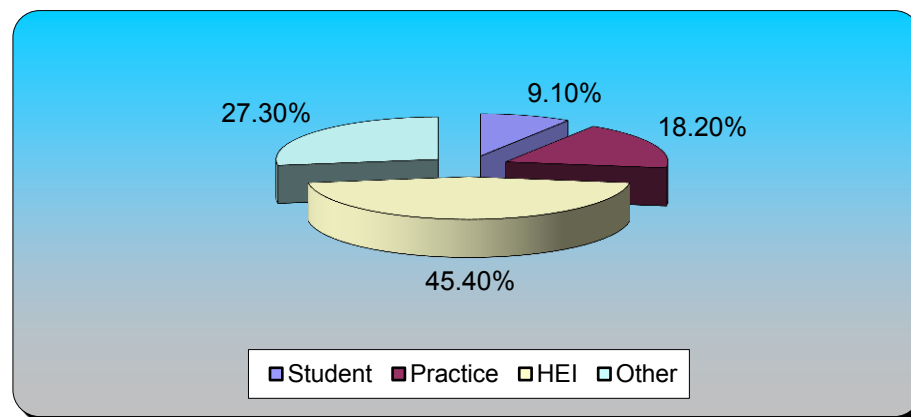
### Turning Graphical Results by Question

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#### 1.) Which group do you represent?

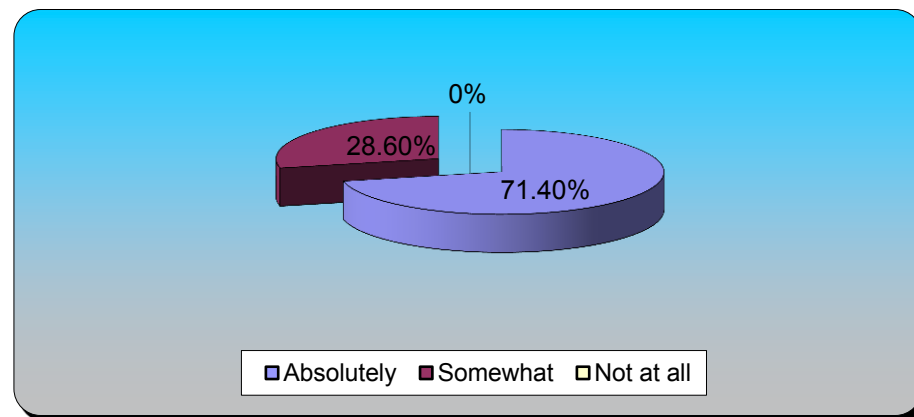
#### Responses

Student	2	9.09%
Practice	4	18.18%
HEI	10	45.45%
Other	6	27.27%
<b>Totals</b>	<b>22</b>	<b>100%</b>



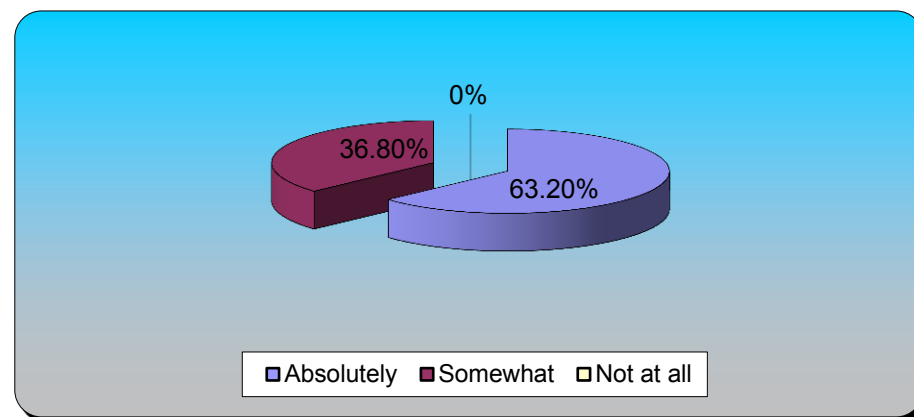
**2.) Student Centred – From your own perspective can you relate to these findings?**

	<b>Responses</b>	
Absolutely	15	71.43%
Somewhat	6	28.57%
Not at all	0	0%
<b>Totals</b>	<b>21</b>	<b>100%</b>



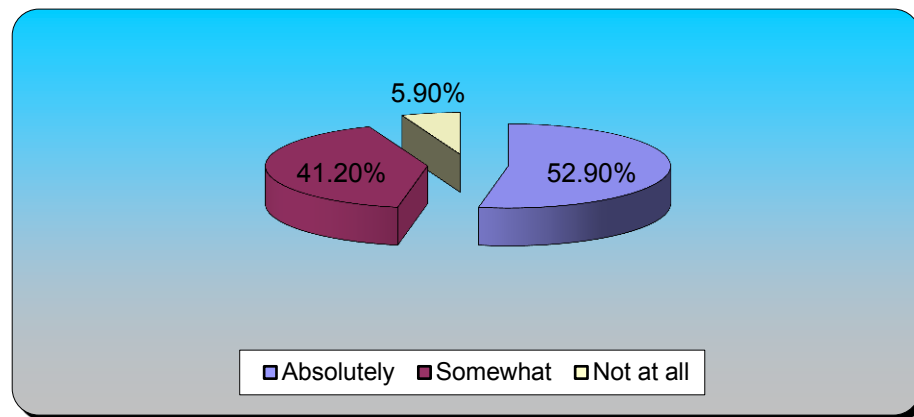
**3.) Knowledge Centred – From your own perspective can you relate to these findings?**

	Responses	
Absolutely	12	63.16%
Somewhat	7	36.84%
Not at all	0	0%
<b>Totals</b>	<b>19</b>	<b>100%</b>



**4.) Assessment Centred – From your own perspective can you relate to these findings?**

	<b>Responses</b>	
Absolutely	9	52.94%
Somewhat	7	41.18%
Not at all	1	5.88%
<b>Totals</b>	<b>17</b>	<b>100%</b>



## 5.6 Chapter summary

This chapter has outlined outcomes of the fourth and final dialectic of this study. In the third dialectic I identified the need to develop an integrated model of support for student nurses. As a result of this, I used the conceptual framework to develop a validated and pragmatic modelling framework and tool that enabled stakeholders in two localities to address the full range of student needs using available and newly committed resources. This process led to the development of two new local models of support that were piloted locally.

The final chapter of this thesis provides a summary of the study findings and associated recommendations. This chapter will also provide a critique of the research methods and process as well as a reflection on my personal learning from undertaking this work.

## Chapter 6: Conclusions and recommendations

### 6.1 Introduction

This chapter will summarise the work of this thesis and formulate conclusions and recommendations based on the findings and outcomes of each phase of the study. This will be followed by a critique of the research methods and process using a 20-question evaluation framework (Waterman, De Koning 2001). Included in this critique will be a reflection on personal learning that has occurred during the action research process.

### 6.2 The thesis's contribution to knowledge

In presenting this thesis's contribution to knowledge, I provide the reader with the following criterion which I use to validate the types of knowledge presented.

*Different types of knowledge may be produced by action research, including practical and propositional.* (Waterman, De Koning 2001)

Nationally, there are examples of good practice placement support being available for student nurses during practice placements (Walsh, Jones 2005). However, this study has highlighted that the quality of such support is variable. The study has demonstrated the importance of having an effective, integrated model of support that addresses the full range of core student needs and, through using a participatory approach, has crafted an evidence-based local solution. Three unique findings have emerged from this work, contributing new knowledge to the existing knowledge economy of pre-

registration nursing education locally and nationally. The chronology in figure 29, page 336, shows how these findings emerged during the course of the study. These findings are summarised below.

### **6.2.1 The relationship between models of support and students' social integration within a community of practice**

This primary theoretical model for improvement emerged from the third dialectic in the study (chapter 4). The study highlighted that, in the absence of a fully integrated model of support involving both practice staff and education staff, students may be left to navigate and address their needs in a sometimes challenging 'no man's land' between practice and higher education. This has the potential to leave the student feeling a sense of social detachment from both higher education and the clinical practice community. Such is the predominance of a student's need to belong and be seen as a legitimate part of the community that they will focus on achieving this ahead of their development and safety needs.

The study demonstrated that the move to a more integrated model of support for learners is an essential part of securing effective learning and progression within the community of practice. To secure legitimacy the student must be seen as a valued and integral part of the community, rather than an interloper between the worlds of education and practice. Equally, having a fully integrated model of support may help to break down the tribalism, impediments and conflicts that have emerged between education and practice and that have been brought about by historical uncoupling. Figure 28 below demonstrates the influence that models of support have on students' social integration within the community of practice.

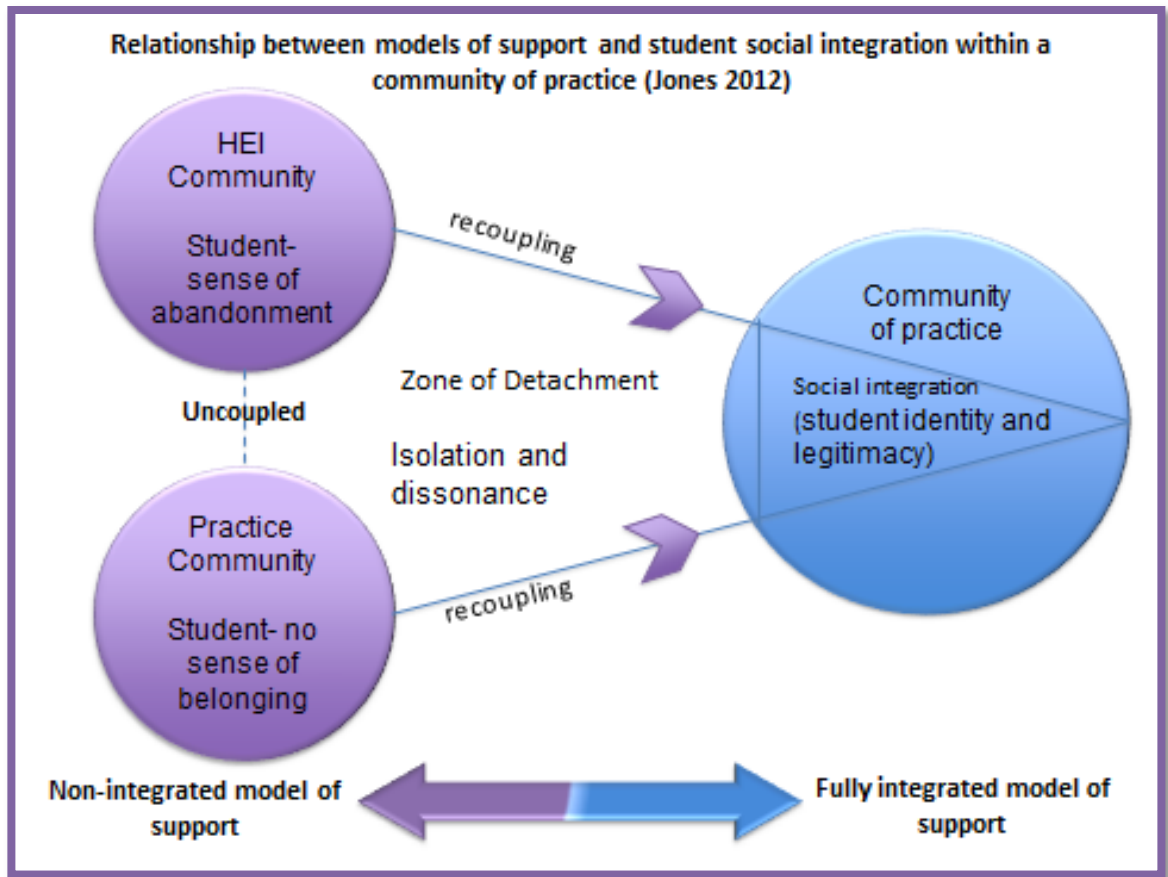


Figure 28 Relationship between models of support and students' social integration within the community of practice

### 6.2.2 Defining consensus on the needs of student nurses during practice placements

Whilst there have been multiple studies investigating particular areas of student support, at the start of this project there was no local agreement or existing literature that identified the full range of student nurse needs during practice placements. Through the Delphi, this work has distilled consensus, amongst all key stakeholders, in relation to what these needs are. Whilst it is recognised that there may be local variation, the study has isolated and validated the core support needs of



student nurses within four key domains: student centred, knowledge centred, assessment centred and quality centred.

### **6.2.3 A pragmatic modelling framework and tool that facilitates stakeholders in developing an integrated model of support for students during practice placements, addressing identified needs within available resources**

This work identified that within existing models of support some student needs may be overlooked, or support duplicated, due to a lack of clarity about the roles of certain post-holders. The study has demonstrated the challenges faced by the range of post-holders engaged in providing student support. Many post-holders were unable to provide the support they would have liked as student placement support was just one of their many responsibilities. This study has highlighted that it would be difficult to develop a practical, national 'one-size-fits-all' model of student support.

There are national and regional variations in relation to resources available to support student nurses during practice placements. Recognising this, the consensus needs of students were used to develop a modelling framework and practical tool. This tool enabled stakeholders to map the needs of students during practice placements to the available resources or roles, creating an explicit and more integrated model of support for local students. Testing its use in two different localities has validated this tool in relation to its transferability to other localities. Since this study has been completed, the tool has been piloted successfully in a third location.

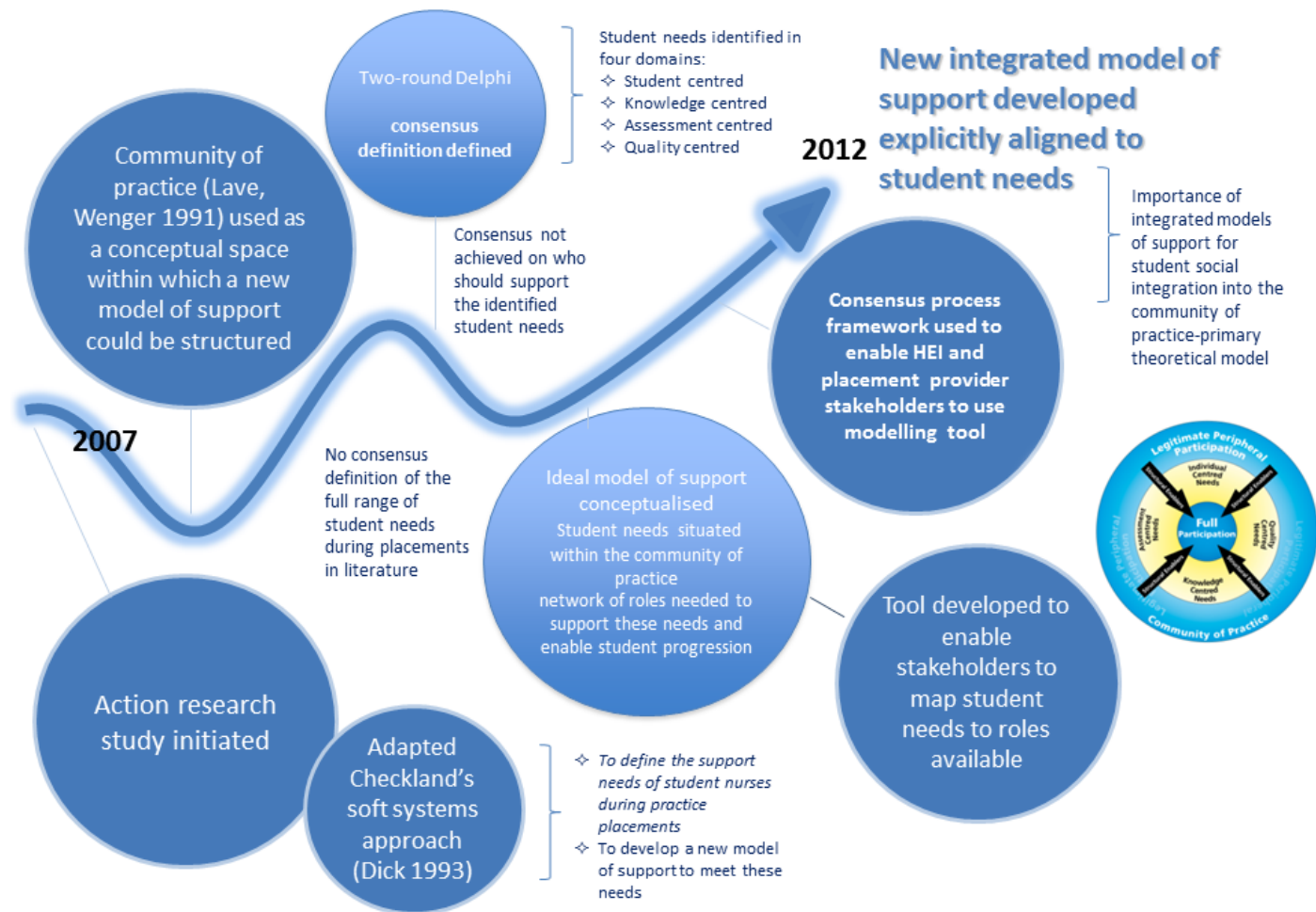


Figure 29 Study chronology

## **6.3 Recommendations**

### **6.3.1 Addressing the issue of non-optimal strategic fit in relation to supporting student nurses during practice placements**

This study has identified that some models used to support student nurses during practice placements do not always support the full range of their needs. The Delphi highlighted that whilst there was consensus on what student needs are, there was ambiguity in relation to whose responsibility it was to support these needs. Analysis through the study dialectics in chapters 3, 4 and 5 revealed that both HEIs and placement provider post-holders have difficulty in delivering the level of support required by students to secure their social integration, learning and progression.

The study indicates that the ‘uncoupling’ of education and service has created some challenges to stakeholders working in partnership to deliver effective student support. The findings described in chapters 3, 4 and 5 demonstrate the need for HEIs and placement provider partners to provide an explicit, integrated ‘structural enabler network’ to promote and secure student progression and professional development within the community of practice.

Having defined the core needs of students during practice placements, this work then generated a flexible and pragmatic tool to enable partners to map a more integrated model of support. A more integrated model of support offers the opportunity to enhance the quality of learning by supporting the mentor to meet student needs. This said, the study dialectics suggest that, as well as remodelling existing support, it may be timely to reconsider how support for learning and assessment in practice is provided in the context of today’s complex, fast-paced practice environments.

There are multiple possibilities in relation to delivering enhanced support. Such considerations could include: further development and use of learning in a simulated environment; fewer practice hours enhanced by the support of HEI lecturers; or a more 'situated' model of curriculum delivery, with partnership teams delivering and supporting both theory and practice in a more integrated manner. Such initiatives will inevitably have resource implications and, as such, education commissioners and policy-makers will be pivotal to successful piloting and implementation. In the context of this summary the following recommendations are provided for key stakeholders in pre-registration nurse education.

### **6.3.2 Recommendations for policy-makers**

1. Commission research into how partnerships can be strengthened to ensure there is clearly defined, shared ownership of the students' support and learning in practice

The Delphi findings highlight that ambiguity currently exists in relation to supporting the range of student needs. Lack of adequate support can influence student learning and progression through the pre-registration programme. Enhanced partnership working between HEIs and placement provider organisations to develop integrated models of support should be encouraged. It is recommended that integrated models of support be piloted and evaluated to inform how improvements can be achieved, scaled and implemented at a national level.

## 2. Undertake a review of the current model of curriculum delivery for pre-registration nursing

A review is recommended into how the practice component of the pre-registration nursing programme can be delivered more effectively. This study has provided insights into the challenges currently faced by students and those supporting them during practice placements. The study particularly highlights the challenges faced by mentors in addressing the student-centred, knowledge-centred and assessment-centred needs of the student. The findings indicate that further support is required in some areas to meet these needs consistently.

High-value healthcare education involves quality, efficiency and optimal outputs. Low student attrition and the achievement of fitness to practise and fitness for purpose outcomes will deliver the best return on investment from education funding. Inconsistencies in current models of support provided for students may have a negative impact on achieving best value. The contemporary healthcare environment is fast-paced and complex. Learning in this environment requires the availability of educators who can facilitate effective learning and development. The current reliance on mentors needs to be reconsidered. Remodelling support for students during practice placements has the potential to promote students' social integration as well as to enhance learning and assessment. Reducing student attrition and enhancing fitness for purpose outcomes will deliver a greater return on investment.

## 3. Review and compare international models of support as well as those from other disciplines

International comparisons may provide insights into alternative models of curriculum delivery. Fewer high-quality placement hours may provide better outcomes than the current 2300 hours that are of

variable quality. Models such as those in Australia, Canada and the United States, where faculty staff work with the student in the clinical environments, often conducting clinical assessment, may offer an alternative approach to enhancing the quality of the practice placement experience. Equally, learning from other disciplines may provide best practice examples of how students' social integration can be achieved.

### **6.3.3 Recommendations for commissioners of education, universities and service provider organisations**

1. Education stakeholders should work in partnership to consider the findings of this study in relation to the models of support they currently provide for student nurses during practice placements

This study has highlighted a non-optimal strategic fit in relation to providing support for students during practice placements. Use of the modelling framework and tool offers the opportunity to remodel support within existing resources and to highlight where new resources might be required.

The modelling framework and tool can be used to map how the current model of support aligns to the range of student needs. The tool can then be used, if required, to create a fully aligned and integrated model of support. The consensus needs defined in the study could be used to evaluate how effective the support provided is on an ongoing basis. This could be achieved by using the consensus needs as evaluation questions.

Whilst this study originally focused on supporting students in the acute hospital setting, the tool is flexible enough to be utilised across a range of other settings such as primary and community care.

2. Commissioners should consider how they integrate metrics to assess the quality of student nurse support during practice placements into pre-registration contract monitoring frameworks

This study illuminates why effective student support is important for students' social integration, learning and progression. As such, measures that evaluate the level of this support during practice placements will be an important indicator of programme quality and value. Supporting innovation and development in this area will be important in ensuring that workforce commissioning delivers nurses that are fit for practice and fit for purpose in today's and tomorrow's NHS.

3. Commissioners should consider how they manage resource allocations to secure high quality support for students during practice placements and ensure that quality workforce objectives are achieved

The findings of this study were concerning. Whilst there are many examples of innovation, development and partnership working, there is a lack of large-scale development in relation to securing consistently high-quality practice placements. Commissioners are the key to addressing this issue. Commissioners should consider how they could encourage and reward innovative and new ways of delivering pre-registration nursing practice placements. There has been much focus nationally on the content of the pre-registration nursing curriculum but very little focus on how the curriculum is delivered. Piloting and evaluating a range of practice-curriculum delivery models will enable possible improvements to be identified. This approach will require some risk taking when

investing in innovative pilots and will require education provider organisations and health service provider organisations to work together in new and different ways.

#### **6.3.4 Recommendations for further research**

This research has highlighted the need for further investigation in two key areas. As indicated above, it will be critical to ensure that the models of support piloted during this project are fully evaluated in order to inform ongoing developments. This research provides new and concerning insights in relation to the models of support currently used for the practice component of pre-registration curricula. The impact of the uncoupling of practice and education on students' social integration requires detailed investigation. Equally, the resources available to secure effective practice learning environments at both an individual post-holder and an organisational level require review.

As discussed previously, it is recommended that alternative, more integrated models of support are modelled, piloted and evaluated to assess how enhancements might be achieved, scaled and implemented at a national level. Based on the hypothesis offered in chapter 4, this may reduce the possibility of centripetal variance by having a structural enabler network that fully supports the needs of students and as such delivers placements of consistent quality. This will support achievement of fitness for practice and fitness for purpose programme outcomes.

#### **6.4 A critique of the research methods and process**

Waterman et al. (Waterman, De Koning 2001) provide a 20-question framework for assessing action research projects. This guidance was developed to provide an appropriate framework for evaluating



action research, as it was recognised that without such a framework action research may be critiqued according to criteria designed for other methodologies and as such misunderstood or dismissed. This framework has been utilised to write this final section within my thesis, in which I critique the strengths and limitations of the study. Throughout this critique I also share personal learning that has occurred whilst undertaking this study.

### **1. Is there a clear statement of the aims and objectives of each stage of the research?**

The aims and objectives of the project are clearly defined in the methodology chapter (2) of this thesis. The objectives were linked directly to the needs of the project in developing a new model of support for students during practice placements.

### **2. Was the action research relevant to practitioners and/or users?**

This action research project was explicitly linked to the needs of local stakeholders in relation to enhancing the quality of support during practice placements. This is evidenced by use of the modelling framework and tool to pilot a new model of student support in two localities and its uptake in a third. An assessment of the impact of these new models is ongoing.

The project delivered both action and research outcomes through the use of dialectics and systems conventions, and has provided stakeholders with a new understanding in relation to areas where enhancement is still required. The study highlighted the importance of students' social integration; defined key support needs of local students during practice placements; and demonstrated the

importance of having an integrated model of support that was explicitly linked to the full range of student needs.

This thesis highlights the need for further research in the following areas: evaluation of the new models implemented; further exploration of the impact of the uncoupling of education and practice; and further investigation in relation to more integrated models of support for pre-registration nursing. The study also provides recommendations for education stakeholders and policy-makers. Therefore the project has practical current and future relevance to practitioners in relation to identifying areas for enhancement within the current system.

### **3. Were the phases of the project clearly outlined?**

This work has followed the chosen methodology rigorously. Dick's (Dick 1993) framework was specifically selected because it had integrated dialectic and cyclical processes. The phases of the study were explicitly linked to this framework and this report was structured accordingly.

There were, however, initial difficulties in using this methodology. Dick's four dialectics overlaid Checkland's (Checkland 1981) seven-stage soft systems methodology. This caused some difficulty and confusion in relation to ensuring that soft systems conventions were being followed at the same time as building the project around the four dialectics. Eventually, I decided to create a matrix to map both these processes, and maintained an action and decision-making audit aligned to both frameworks to

ensure methodological rigour (appendix 3). If I were to use this methodology again I would adopt the use of this matrix much earlier in the process.

When constructing the thesis, the cyclical methodology once again proved challenging. As discussed in the preface of this thesis, when attempting to construct a logical report using a traditional framework for presenting the thesis, clarity in relation to the phases of the project was lost. Following a period of reflection, research and discussion with my supervisors, I made the decision to construct the report in line with the phases of the project.

#### **4. Were the participants and stakeholders clearly described and justified?**

This project was focused around working with a group of local and regional pre-registration education stakeholders to develop a highly contextualised intervention for local improvement. In the early stages of the project, when creating a rich picture of reality to ensure multiple stakeholder perspectives were integrated into this, an expert panel was recruited. As described in the methodology chapter, panel members included both national and local stakeholders, including: policy-makers; professional regulators; the professional body; the SHA (commissioners); healthcare service providers; HEI providers of pre-registration nursing; and nursing students. This was justified by the need to capture the perspectives of the full range of stakeholders before defining the essence and inventing an ideal. This approach worked well because consensus was achieved in relation to the key outcomes of the new system, or model, of support. On reflection, this level of engagement certainly helped develop an acceptable solution, which, considering the range of stakeholders' views, values and differing organisational priorities, was a significant challenge.

When validating this work by presenting it at a national workshop I was able to seek service user feedback. I feel that involving service users earlier in the project would have further enhanced this work. This would have been especially useful in identifying the key outcomes of student support from the patient perspective: after all, they are the ultimate consumers of the work.

#### **5. Was consideration given to the local context while implementing change?**

The local context was very much at the centre of this work. This is evidenced in three ways: through my own personal experience of working in various roles within the community; in selecting local experts for the Delphi panel; and in hosting the local stakeholder workshops to map and develop locality specific models of support.

The Delphi, the stakeholder workshops and the literature highlighted key issues in relation to cross-organisational working, including the notion of a form of 'tribalism' that currently exists in some areas. There were 'two elephants in the room' when considering the quality of support for pre-registration student nurses undertaking practice placements. The first was the issue of the personal resource available for individual post-holders and the second, the organisational capacity to provide support at the level required. The stakeholder workshops provided an environment for emancipation as they enabled the current challenges faced by the different stakeholders to be openly discussed with a mutually agreeable solution eventually being facilitated.

The study has provided new insights in relation to the issues surrounding the provision of support for students during practice placements, especially related to effective social integration and effective learning and assessment for students. This work has provided both a tool and an approach to develop a more integrated model of support within current resources. This said, it is clear that there needs to be a radical rethink in relation to how pre-registration nursing curricula could be resourced and delivered to achieve the level of practice-based support required. Whilst external stakeholders have validated these insights and concur with view that significant enhancement is required, nursing leaders at a strategic and policy level have been less inclined to acknowledge this. The most challenging assumption to overcome was that the movement to a more integrated model of support, or a more situated model of curriculum delivery (such as models where clinical lecturers might facilitate learning and theory-practice integration) was a return to the traditional apprenticeship model of nurse education. The challenge was communicating to those concerned that this was not the case and that the proposed changes reflected the need for social integration and the development of learning environments that support effective cognitive apprenticeship.

I have learnt that when conducting action research at a strategic level it is really important to seek a champion at policy level and engage them as a participant. Whilst I did have representation at a policy level on the initial Delphi panel, as the work progressed participation was focused on those at a regional and local level. If I were to undertake an action research project at this level again I would ensure that early and ongoing participation of policy-makers was secured.

## **6. Was the relationship between researchers and participants adequately considered?**

I have been open and honest in relation to my background and role in order that the reader can evaluate my credibility and role within the community studied. I fully recognised that as an 'insider' it was important to manage the influence of power and bias throughout the project. I did this in two ways. I selected consensus process methods throughout the project. For both the Delphi and the stakeholder workshops the consensus processes ensured that the participants distilled the outcomes rather than the researcher. For the first round of the Delphi, analysed data were reviewed independently by a second researcher to validate the findings and exclude bias. A methodological action and decision-making audit was maintained to ensure that all decisions made could be reviewed by my two supervisors who are both experienced researchers (appendix 3).

## **7. Was the project managed appropriately?**

I have managed this project in line with the methodology. In managing participation I worked flexibly to ensure relevant stakeholders could engage with the project. The research has been responsive to local needs, which is evidenced by the development of a pragmatic tool that enabled context-specific modelling of a solution to be undertaken. Two expert researchers have supervised this project, with whom I have consulted throughout in relation to my progress and decision making.

This project has taken much longer than anticipated due to the part-time nature of my studentship. During the course of the study I have worked full time in a demanding senior role. Effectively managing my time has been a source of great learning. I have learnt the importance of forward planning and active time management when undertaking practitioner research. This said, this training

has equipped me to move forward effectively as a practitioner-researcher, as I now fully appreciate the rigour with which planning and time need to be allocated. For future work I would undertake detailed planning of such activities well in advance, as well as manage the expectations of those I work alongside. I have learnt the importance of communicating the value of practitioner research in delivering evidence-based, efficient and high quality services. I now fully appreciate why it is important that organisations value and support managers and leaders in undertaking this activity and in recognising that this is equally as important as balancing a budget sheet or managing staff performance.

#### **8. Were ethical issues encountered and how were they dealt with?**

A full description of the ethical considerations is contained within chapter 2, and these were addressed as described. I have maintained the original data and analysis and project artefacts securely for audit purposes. All descriptions within this report have been anonymised to maintain participant confidentiality.

#### **9. Was the study adequately funded/supported?**

The project was undertaken as part of my Doctoral programme; however, a small budget for stakeholder events was provided by the Strategic Health Authority in line with their strategic objective to enhance the quality of healthcare education. Neither my supervisors, colleagues, managers nor I have identified any conflict of interest.

I have to acknowledge that all my employers have been fully supportive of me undertaking this work, and for this I am truly grateful. However, in retrospect, I should have secured funding to ensure that I had ring-fenced, dedicated time to undertake this work. I now recognise the importance of fully costing research projects, including factoring in direct and indirect costs.

#### **10. Was the length and timetable of the project realistic?**

I feel that the time frame for the project was realistic; however, I draw the reader's attention to my evaluation at point 7. I do believe that I fell into a similar trap to other novice researchers in being a little over-ambitious with what could be achieved by a lone researcher. My initial ambitions were tempered through the wisdom of my supervisors, who could foresee the challenges I would encounter. This said, in retrospect this was still a very ambitious project. To explore student support from a holistic perspective required engaging in a broad spread of activity and literature, which proved extremely demanding, especially for a novice. Once again the journey has been enlightening in relation to the importance of being specific and contained in setting research aims and objectives: a lesson well learnt for the future.

#### **11. Were data collected in a way that addressed the research issue?**

I refer the reader to the methodological action and decision-making audit in appendix 3 and the trustworthiness Table in chapter 2 (Table 14, page 155).



I feel that the methods used for this study were appropriate. I do, however, feel that if I had had the time and resources to include interviews or focus groups that could have explored the notion of students' social integration in more detail during the third dialectic, then that would have enhanced this study. Whilst I was able to identify this concept from the Delphi and the literature, local in-depth interviews may have added richness to the data.

## **12. Were steps taken to promote the rigour of the findings?**

I refer the reader to chapter 2, where the methods employed to secure rigour are explored in detail. As recommended by Dick (Dick 1993) and Burns (Burns 2000), I have achieved rigour through using a cyclical approach, with each cycle involving data collection, interpretation and literature review, and as far as possible used a dialectic to confirm or disconfirm emerging assumptions.

As previously discussed, the participants or a representative community validated all findings at each stage. I have also exposed the findings to external critique by submitting them for peer review to scientific committees at national and international conferences (Jones 2006, Jones, Starkey-Moore 2010, Jones, Sunderland et al. 2010, Jones, Jester 2008).

## **13. Were data analyses sufficiently rigorous?**

Through the use of consensus processes, other than for the first round of the Delphi, the participants themselves distilled the outcomes. For the first round of the Delphi the analysis was independently validated by a second researcher and an audit trail maintained.

#### **14. Was the study design flexible and responsive?**

Flexibility in this context refers to the findings being used to generate plans and ideas for change and that the approach adapted to the local circumstances (Waterman, De Koning 2001). I feel that I have demonstrated that the study findings were used to develop a local model of support that could be implemented. Flexibility is demonstrated in the fact that whilst I had initially conceived that I could construct a single model of support for regional implementation, the initial findings highlighted the need to develop a more flexible, locality specific solution. The modelling framework and tool were developed as a direct result of this.

#### **15. Are there clear statements of the findings?**

By constructing this thesis in line with the stages of the study, I have been able to explicitly link each phase of the study to the findings generated. However, I do recognise that, for the reader, the use of Dick's (Dick 1993) framework with Checkland's (Checkland 1981) soft systems conventions embedded may mean that evaluation of this thesis is more taxing than if a less complex approach had been selected. This is a challenge that emerged when beginning to write this report. Having navigated this difficulty, I now have a better understanding of the implications of the methodology on delivering accessible reporting and I will be cognisant of this in the future.

**16. Do the researchers link the data that are presented to their own commentary and interpretation?**

My commentary and interpretation have been integrated into the study dialectics in chapters 3, 4 and 5. I feel that I have been open and transparent in critically examining my role in the interpretation of the data and have managed this in a manner that ensures confirmability of the findings (see page 24). I have maintained the action and decision making audit trail to provide evidence of how this was managed (appendix 3).

**17. Is the connection with an existing body of knowledge made clear?**

Through the dialectics in chapters 3 and 4 I have triangulated the data with a breadth of existing discourse related to student support during the practice placement for pre-registration nursing students. Much of this concurred with the emerging findings. This said, there was a small body of literature pertaining to local innovations relating to good practice in specific areas of support. The key theme from the existing body of literature was that there is variability in the quality of support provided for student nurses during the practice placement. The findings of this work add to this body of knowledge in identifying theoretical and pragmatic models for enhancement.

**18. Is there discussion of the extent to which aims and objectives were achieved at each stage?**

The extent to which the aims and objectives of the study were achieved will now be considered.

### ***Overall research aim***

*To investigate and address the multifarious support needs of student nurses undertaking situated learning during practice placements within Black Country Acute NHS Trusts.*

I evaluate that this study has achieved the study aim at a primary level. The needs of students have been defined and addressed through developing an integrated model of support. The aim will not, however, be fully achieved until evaluation of the new models currently being piloted are complete (the start of the next cycle of the action research). The time and resources available for this programme of study preclude this next cycle from being included as part of this work. This evaluation is, however, currently being planned.

### ***Research objectives***

1. *Isolate consensus and divergence in respect of stakeholder perceptions of the support needs of student nurses during practice placements (national and local).*

The Delphi achieved this objective, as evidenced in the production of a set of consensus needs for student support.

2. *Investigate and identify the outcomes of current structures, systems and processes that support student nurses during practice placements.*

Analysis of the Delphi findings and the available literature in the study dialectics provided a rich picture of reality related to the support currently provided through existing structures, systems and processes. This is specifically detailed in chapter 4.

3. *Compare and contrast identified needs with contemporaneous outcomes to identify constituent deficits.*

This was achieved through the process of comparing ‘the ideal’ to ‘the reality’ as reported in chapter 4.

4. *Generate a theory-based constituent model for practice placement support that is commensurate with the contemporary needs of student nurses.*

This objective was surpassed in that, as well as developing a conceptual model of support, this was used as the basis for the development of the modelling framework and tool.

5. *Assess the validity and applicability of the emerging constituent model.*

The modelling framework and tool was validated, utilised and implemented by stakeholders in two localities. However, action research is a cyclical process, and I recognised that this is not the end of this work. To fully evaluate the model, a ‘re-immersion in reality’ will be required to identify the level to which the integrated model of support has enhanced the student experience.

## **19. Are the findings of the study transferable?**

Piloting the use of the modelling framework and tool in two localities and its uptake in a third has validated its transferability to other settings. The findings suggest that alongside using this tool to develop local enhancements, a policy review is also required. This is necessary to re-evaluate funding

and curriculum delivery models for pre-registration nurse education so that resources can be better aligned to achieving effective social integration, learning and development for students.

The transferability of the theoretical concepts generated by this study has been validated through peer review during national and international conferences.

**20. Have the authors articulated the criteria upon which their own work is to be read/judged?**

I feel that I have provided a transparent picture of my role in the context of this work. I have used this 20-question framework to critique this work as this, in itself, provides a framework by which action research may be judged.

I have evaluated my work against recognised criteria in relation to achieving the research aim and objectives; illustrating the trustworthiness of the findings; and demonstrating the thesis's contribution to the body of knowledge related to pre-registration nurse education in the UK. Whilst I assess that this work has generally met these criteria, I also acknowledge that it has certain limitations. My assessment of these is presented below.

## **6.5 Study limitations**

In summary, I offer the reader a précis of the study limitations in order to highlight these in the context of their evaluation of this work.

This work represents the first full cycle of Dick's (Dick 1993) framework for action research. It is recognised that to fully evaluate the effectiveness of the modelling framework and tool a second cycle of the framework will be needed (or re-immersion in reality). This recognises that action research is an ongoing, rather than a time-contained, process. This evaluation is currently being planned.

Earlier involvement of service users as stakeholders in the education of students may have helped to 'invent the ideal', as what the user would like to see as an output of the learning process would have been a critical dimension to explore. Equally, involvement of the students in using the modelling framework and tool (page 140) may have provided additional perspectives on which stakeholders could base their decisions.

A limitation of the Delphi was that the technique did not allow me to clarify individual attitudes returned in the surveys, for example where there was no consensus on the important issue of supernumerary status. This was mitigated through hosting the consensus conference event later in the action research cycle. Face-to-face methods such as focus groups or interviews could have been used to enable me to seek clarification. On balance, however, the advantages Delphi offers in terms of anonymity would have been lost if I had used a face-to-face method of data collection where the influence of power and social desirability bias may have greater influence.

Where new constructs emerged in the study, such as the notion of students' social detachment, the use of qualitative methods such as interviews or focus groups could have provided more insight into

the lived experiences of students in relation to this. However, as a lone, novice researcher, on a time-limited academic programme, I was unable to extend the study to include this. I recognise that this is an important area of study and as such include this as a recommendation for further research.

As described previously, exploring student support from a holistic perspective was an ambitious project. The key challenge was engaging with the large, dispersed body of literature in this area. The use of Wenger's components of the social theory of learning as a framework (Wenger 1998) enabled me to focus on the most pertinent literature. I do, however, recognise that including a more detailed analysis of international models and literature from other disciplines would have enhanced this study. I have therefore included the need for this analysis as a future recommendation.

A key challenge that is identified when using an action research approach is the challenge of situating change, based upon primary empirical evidence, within a policy or complex organisational context. Hart and Bond's (Hart, Bond 1996) typology provides a framework for considering such conflicts, and these were considered in the design of the study. However, engagement with and participation of policy-level stakeholders throughout the process may have supported an assimilation of the findings into policy considerations more readily. This was a limitation of this study and something that would be a key consideration if I were to use this approach in the future.

## 6.6 Chapter summary

This chapter has identified and evaluated this thesis's contribution to knowledge. I have made recommendations based upon the findings of the study for national and local stakeholders involved in



pre-registration nurse education within the United Kingdom. And finally in this chapter I have provided a critique of this work and a summary of the key limitations. The aims and objectives of this study have been achieved from both an action and a research perspective. The learning from the research process will be utilised personally and organisationally to promote further enhancement in healthcare education and practice.

## **7 Postscript: personal reflections**

As previously described McNiff and Whitehead (McNiff, Whitehead 2010) highlight that when writing action research the researcher is offering an account of how their learning has, or has not, influenced the social situation. This emphasises the researcher's role as an integral part of the community being studied. This thesis has provided insight into this relationship; however, I now provide a brief summary of personal reflections on my learning and its relationship with the social context of the study.

### **7.1 Considering the political and economic climate; my personal interface with the politics of new knowledge**

Whilst this study has identified a new model of support for student nurses locally, the findings suggest that there needs to be a significant rethink in relation to how pre-registration nursing curricula are resourced and delivered to achieve the level of practice-based support required in the future. Whilst external stakeholders validated these insights and concur with the view that significant enhancement is required, nursing leaders at a strategic and policy level have been less inclined to acknowledge this. The most challenging assumption to overcome was that moving to a more integrated model of support was the beginning of a return to the traditional apprenticeship model of nurse education. The challenge was communicating to those concerned that this was not the case and that the proposed changes reflected the need for social integration and for the development of learning environments that support effective cognitive apprenticeship. Drawing on Hart and Bond's typology (Hart, Bond 1996), such challenges could have been anticipated. My professional learning as a practitioner needed to be reconciled with the political and economic need to secure a national approach to pre-registration education delivery.

Due to the nature of my current role, I am not at liberty to disclose the political reactions to the knowledge generated by the study. However, from this experience I have learned about the challenge faced by practitioner researchers who work within the system being studied. I did not anticipate or plan for the approach I would take if the findings of the project became politically sensitive. I have been reconciled to this by Whitehead and McNiff's (Whitehead, McNiff 2006) narrative of the story of Galileo and why it is important to recognise that one's work may be evaluated by differing standards of judgment. Unlike Galileo I have not been forced to retract this claim to knowledge by those with political power; however, I have been marginalised, and thus the influence I have on national developments has been somewhat diluted. I have had to use a variety of approaches to highlight why these new insights should be considered at policy level. I have learned the importance of having an evidence-based approach to my work as this has enabled me, as a manager and a leader, to face the challenge of justifying approaches that may pose a challenge in the extant political or economic climate.

The validity of this work has been tested because in order for those in power to consider the findings of the study, I have had to expose the work to scrutiny and critique. Towards the end of the project, 'thinking on my feet', I have had to work tirelessly to share the evidence and recommendations with those who have political influence in the hope of opening up dialogue and debate on this subject. All I will state, in this respect, is that this was a turbulent journey. My greatest achievement in securing engagement with the findings was in December 2011 when the remodelling of pre-registration education delivery featured as part of a debate in the House of Lords (Hansard 2011). This has highlighted the challenge faced by action researchers who are embedded within the community being studied. Unlike other forms of research, the project does end with the study recommendations

and conclusions. The research becomes, as Whitehead and McNiff describe, 'living theory', informing and shaping the researcher's professional practice within a wider organisational context.

This experience has highlighted that when conducting action research at a strategic level it is really important to seek a champion at a policy level and engage them as a participant. Whilst I did have representation at a policy level on the initial Delphi panel, as the work progressed participation was focused on those at a regional and local level. In defining the essence of the system using systems conventions, the political and economic climate are important considerations as these factors will be influential in the long-term resourcing and sustainability of any strategic project within the public sector.

## **7.2 Integrating my learning and professional practice**

As part of the evaluation in chapter 6, I shared some of the personal learning that has taken place whilst conducting this action research project. This said, I must acknowledge that this reflects but a small part of the breadth of experience and learning that have resulted from this course of study. This learning has enriched my personal and professional development in a multitude of ways. Whilst I recognise that my learning as a researcher has only just begun, this research training has provided me with transferable knowledge and skills that will enhance my leadership and management practice. I have subsequently integrated the knowledge generated through this work into other areas of my practice and used the research methods developed to support organisational strategic development (appendix 6).

Whilst professionally this journey has been one of the most challenging I have undertaken, it has also been one of the most enriching. Through this undertaking I have developed confidence, by using a sound, evidence-informed approach, to lobby for change at the highest level (appendix 7). Finally, as a practitioner-researcher, I feel that this research training has added a critical element to my practice, enabling me to achieve my professional social purpose of delivering safe, caring and efficient services to patients. As the quotation below reflects, the skills that I have developed have practical applications as I challenge myself and others to continually seek to improve healthcare services.

*The practical man is the adventurer, the investigator, the believer in research, the asker of questions; the man who refuses to believe that perfection has been attained.... There is no thrill or joy in merely doing that which anyone can do.... It is always safe to assume, not that the old way is wrong, but that there may be a better way.*

Harrower (Harrower 2012)

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## 9 Appendices

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Appendix	
1	Invitation to participate in Delphi
2	Ethical approval
3	Methodological action and decision-making audit trail
4	International conference papers
5	NMC monitoring visit outcome
6	Examples of using learning within my practice: taking learning forward
7	Taking learning forward

## ***Appendix 1: Delphi information sheet***

### **HEADED PAPER**

#### **Research Information Sheet**

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others. Please ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

#### **Project Title**

Identifying and supporting the needs of student nurses undertaking practice placements: an action research project.

#### **What is the aim of the research?**

Students who access pre-registration nursing programmes, especially within the Black Country region, are diverse in relation to age, gender, ethnicity and educational background. As 50% of a nursing student's time is spent undertaking learning within the practice placement setting, it is important that we identify and meet their needs during this time. Research demonstrates that if a student is to learn effectively they must have their basic needs fulfilled. As such it is crucial that we identify and meet these needs so that students can develop the knowledge and skills required of them to become fit for professional practice.

This project aims to seek out and explore the needs of students during practice placements and with this knowledge develop, and trial, a new method of supporting students on placement. This will then be evaluated to see if it has been effective.

**What will I have to do if I agree to take part in the research?**

As you have personal experience in this area I am interested to know your feelings about what is important in relation to supporting student nurses during practice placements. With this in mind I would like to invite you to complete a series of questionnaires (approx 3). The first questionnaire will ask you to identify the elements you think are important in relation to supporting students during practice placements. The subsequent questionnaires will ask you to choose, from a list, the elements you think are most important in relation to student support. The questionnaires can be sent to you by post or by e mail.

Your name and details will not appear on the questionnaire or in the research report and no information will be passed to any other person, or agency, without your expressed consent.

**Do I have to take part?**

Participation in the study is strictly voluntary, you will in no way be disadvantaged if you choose not to take part. You are also free to withdraw from the project at any time without the need for explanation as to your reasons for withdrawal.

**What happens at the end of the research?**

The outcome of the research will feature in a written report. If you would like to see the final report you can contact the researcher named at the top of the page and a copy will be sent to you.

**What happens next?**

If you are willing to participate, please return the attached consent form giving your name, e mail address and telephone number so that I can contact you with further information. If you would like any further information please contact me on the telephone number at the top of this page. Please do not feel any pressure to participate-I fully understand if you prefer not to and your decision will not affect you in any way in the future.

---

**Consent to be contacted form**

Supporting student nurses during practice placements.

I am willing to participate in this research. I understand that details within the questionnaire will be treated in the strictest confidence, that I am completely free to withdraw from the study at any time I choose without explanation, and that such a decision will not affect my future status as a student.

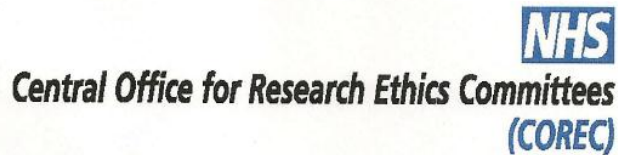
Name.....

Signature.....

E mail address.....

Telephone.....

## **Appendix 2: Ethical approval confirmation**



### **RESEARCH IN HUMAN SUBJECTS OTHER THAN CLINICAL TRIALS OF INVESTIGATIONAL MEDICINAL PRODUCTS**

#### **Standard conditions of approval by Research Ethics Committees**

1. Further communications with the Research Ethics Committee
  - 1.1 Further communications during the research with the Research Ethics Committee that gave the favourable ethical opinion (hereafter referred to in this document as "the Committee") are the personal responsibility of the Chief Investigator.
2. Commencement of the research
  - 2.1 It is assumed that the research will commence within 12 months of the date of the favourable ethical opinion.
  - 2.2 In the case of research requiring site-specific assessment (SSA) the research may not commence at any site until the Committee has notified the Chief Investigator that the favourable ethical opinion is extended to the site.
  - 2.3 The research may not commence at any NHS site until the local Principal Investigator (PI) or research collaborator has obtained research governance approval from the relevant NHS care organisation.
  - 2.4 Should the research not commence within 12 months, the Chief Investigator should give a written explanation for the delay. It is open to the Committee to allow a further period of 12 months within which the research must commence.
  - 2.5 Should the research not commence within 24 months, the favourable opinion will be suspended and the application would need to be re-submitted for ethical review.
3. Duration of ethical approval
  - 3.1 The favourable opinion for the research generally applies for the duration of the research. If it is proposed to extend the duration of the study as specified in the application form, the Committee should be notified.
4. Progress reports
  - 4.1 Research Ethics Committees are required to keep a favourable opinion under review in the light of progress reports and any developments in the study. The Chief

SOPs version 3.0 dated June 2005  
SL-AC2 Approval conditions (research other than CTIMP)



### Appendix 3: Methodological framework, actions and decision-making audit trail

Methodological framework (Dick 1993)

*Application of Checkland's soft systems methodology as suggested by Williams (2005)*

Bob Dick (1993) Reframe of soft systems methodology; represented as a system of enquiry using dialectics.

There are four stages, one for each dialectic.

The use of systems concepts in defining the essence and the ideal convert this inquiry system into a soft systems approach

In systems terminology the essence becomes the necessary functions. Checkland calls them root definitions. To check that they are adequate he proposes using a CATWOE analysis (Customers/Actors/Transformation (that is, of system inputs into outputs)/Weltanschauung (or world view)/Owners/Environmental constraints).

The ideal, too, is conceived of in systems terms by devising an ideal way of transforming the inputs into outputs. Systems models help to suggest ways in which the different goals of the studied system can be achieved.

Dick's 4 Dialectics	Checkland's 7 stage process	Action required	Methods and comments
1. First you immerse yourself in the system, soaking up what is happening. From time to time you stand back from the situation. You reflect on your immersion, trying to make sense of it. At these points you might ask: what is the system achieving or trying to achieve? When you return to immersion you can check if	1. Problem situation considered problematic.	1. Brief description.	Background cause for concern original evaluation – non- optimal strategic fit and the need to remodel student support during practice placements.

<p><b>your attributed meaning adequately captures the essentials. This continues until you are content with your description of the essential functions.</b></p>	<p>2. Firstly the situation needs to be expressed in all its <i>richness</i>.</p>	<p>2. Consider structures; processes; climate; people; issues expressed by people; conflicts .</p>	<p>Overview of current structures for student support:</p> <p>Undertake brief overview of current roles and literature review of new roles.</p> <p>Needed to isolate what system was trying to achieve from a pedagogical perspective so selected an initial learning process and outcome framework (pedagogical framework).</p>
	<p>3. Root definitions of relevant systems.</p>	<p>3. A. <i>Holons</i> – plausible, relevant, purposeful perspectives that can describe the real world activities (valid perspectives held by those affected by the situation and will affect the relevance and success of any intervention). If these are not addressed then</p>	<p>Holons – required consensus amongst stakeholders in relation to support needs of students to define essential functions of the system.</p> <p>Undertake Delphi –distil consensus amongst</p>

from some stakeholders in relation to stakeholders' perspectives the core student needs. project has been a failure and they may even work against it working well.

Consensus achieved, needs identified within 4 domains  
*NO CONSENSUS ON 'WHO' IN SYSTEM SHOULD PROVIDE SUPPORT, SO DEFINED AS 'A RANGE OF ROLES' REQUIRED TO PROVIDE SUPPORT.*

*Validated independently by a second researcher.*

B. Undertake CATWOE analysis.

Undertake CATWOE analysis of system.

As Holons achieved through consensus process across stakeholders, only needed to undertake 1 CATWOE

analysis			
Root definitions identified			
Formulate brief description of system.			
C. Description of a possible system.			
Description essence defined.			
2. You then forget about reality and work from your description of its essential functions. You devise the ideal system or systems to achieve the system's actual or intended achievements. Moving to and fro between essence and ideal, you eventually decide you have developed an effective way for the system to operate.	4. Develop the model.	4. Draw up a conceptual model of the system using root definitions	Using Delphi outcomes to develop a conceptual model of ideal system.
		Evaluation :	
		Does the diagram come wholly from the root definition and CATWOE and no other extraneous features and ideas are added? The	Modelled conceptual framework derived from

		<p>rigour of the method depends on this.</p> <p><i>What are the minimum critical components needed to bring about the desired impact for each relevant perspective ?</i></p>	<p>Delphi (holons) and selected pedagogical framework only.</p> <p>Critical components: integrated model of support and effective structural enabler network to meet full range of needs.</p>
<p><b>3. The third step is to compare ideal and actual. Comparisons may identify missing pieces of the ideal or better ways of doing things. The better ways are added to a list of improvements.</b></p>	<p>5. The model is compared with reality, insights are drawn from that comparison, and ideas for improvements determined.</p>	<p>5. Model is compared with reality, insights drawn from that comparison, and ideas for improvements determined.</p> <p><i>Checkland suggests trying to model the real world using the same structure as the conceptual model.</i></p>	<p>Compare conceptual model to reality through analysis of qualitative Delphi data and relevant literature.</p> <p>Used Wenger's theory of social learning as a framework for comparison due to this being ideal function of a community of practice.</p> <p>Outcome confirmed the</p>

			need for an integrated model of support with effective structural enabler network.
4. Finally, the feasible and worthwhile improvements are acted on, forming the fourth dialectic.	6. Develop desirable and feasible interventions	<p>Checkland suggests:</p> <ul style="list-style-type: none"> <li>• ‘Owner’ analysis. Who fundamentally has the authority to take action?</li> <li>• ‘Social system analysis’. How do the various roles, norms and values presented in the real world relate to the conceptual model?</li> <li>• ‘Political analysis. How is power expressed in the situation being studied?</li> </ul>	<p>Undertake owner/social and political analysis</p> <p>One-size-fits-all model not possible due to variability of resources and stakeholder operational approaches so decided to use conceptual model as basis to develop a pragmatic modelling framework and tool to enable stakeholders to map consensus needs to available resources</p>
	7. Action to improve the situation		Pilot modelling framework and tool in two localities to

test feasibility and validity  
(use consensus process  
framework to distil mutual  
agreement on local model)

Tool piloted successfully in  
both localities

Used this process to  
validate Delphi findings as  
well as pilot tool

#### Evaluation Questions (Williams 2005)

- ***To what extent does the actual situation match the logic models? How important are the similarities and the differences? To whom?***

*The comparison confirmed that there was a non-optimal strategic fit in relation to the provision of student support during placements. There was a need for a more integrated model of support, aligned to defined needs, in order to facilitate effective learning and progression. This is an important consideration for policy-makers, education commissioners, education providers and placement providers. Enhancement is critical for the quality of student placement experiences and pre-registration programme outcomes.*

- ***From the important similarities and differences, what conclusions can we draw about the value or worth of the actual situation and the processes and procedures that brought about that situation within this context and environment?***

*Whilst there are examples of good practice, it is clear that there is variability in relation to the support provided for students. The uncoupling of practice and education has had an impact on student social integration, learning and*

*progression; a more integrated approach to support is required to actively address this. Use of the modelling tool enabled mutual values to be identified and clarity provided amongst stakeholders in relation to roles and responsibilities within the system.*

- **How did social, political and cultural factors assist the similarities and accentuate the differences? What were the consequences of that? To whom?**

*Policy and economic drivers have had an impact on roles that support students during practice placements. Post-holders are subject to differing value judgments in relation to the effectiveness of their role and they are faced with multiple demands upon their time. Equally, the uncoupling of practice and education has seen a new tribalism emerge in relation to whose primary role it is to support the learner during practice placements. This led to lack of clarity in relation to who supports the student and how this support is provided. This meant that a single model of support could not be defined. The conceptual framework had to be used to model a pragmatic tool that enabled stakeholders to develop a local integrated model of support explicitly mapped to student needs.*

- **What impact did those with power have within the situation? What conclusions can we draw about their behaviour?**

*Regional and local stakeholders recognised the need to enhance support and were emancipated through being able to openly discuss ‘the elephant in the room’, which is that with constrained resources all post-holders were challenged to deliver the level of support desired. Senior leaders embraced the outcomes of the modelling process and agreed to pilot the integrated model of support locally.*

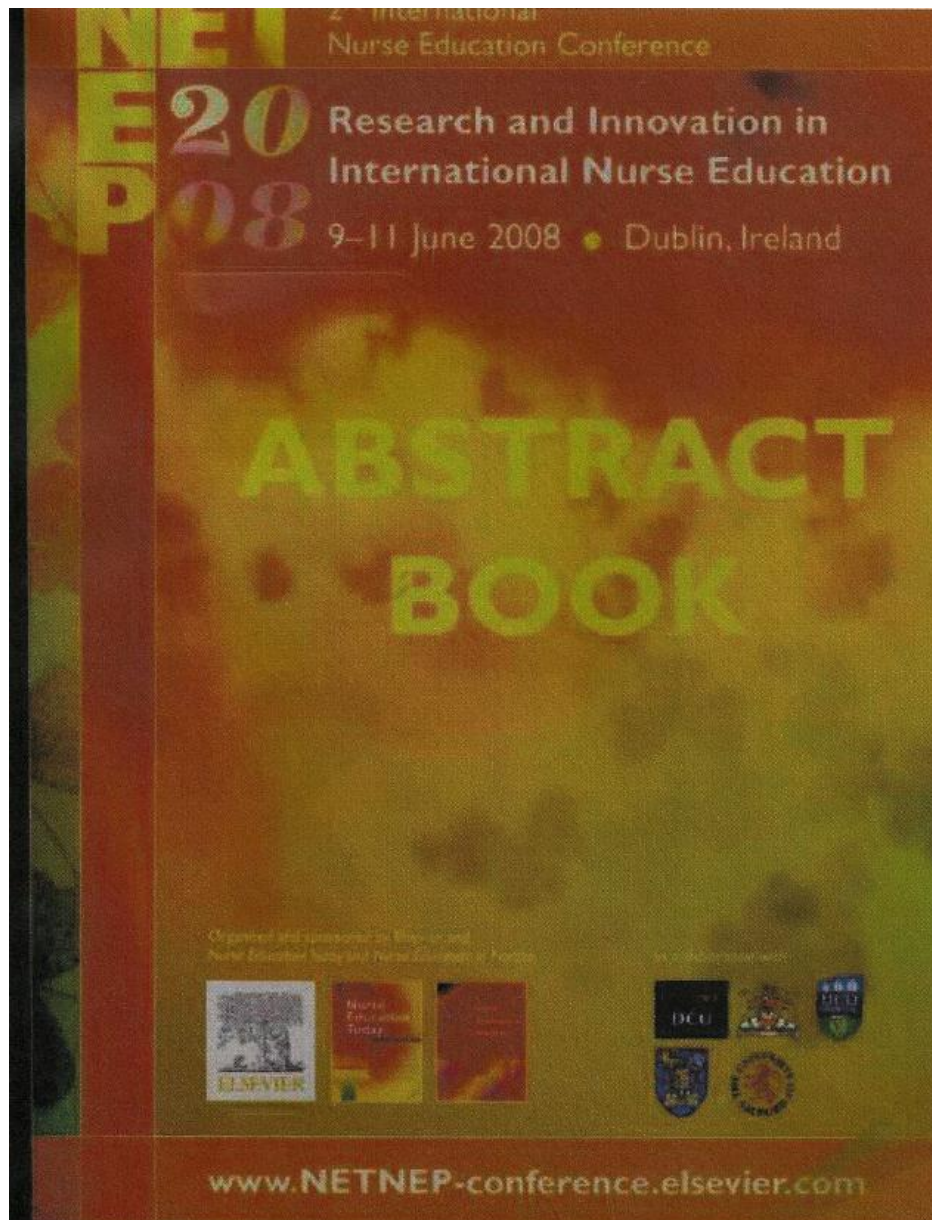
- **What does this mean for future action?**

*The integrated models of support implemented during this work require full evaluation. In view of the study findings, further work is required in relation to the impact the uncoupling of education and practice has had on student social integration, learning and progression. Alternative models of practice-based learning should be considered that support the social theory of learning and ensure adequate resources are available to support student nurses during the practice placement. A more integrated model of support may address some of the issues raised in this study.*



#### ***Appendix 4: International conference papers***

JONES, K. and JESTER, R., 2008. Insights from the melting pot: using delphi to identify national priorities for student nurse support during practice placements. *Nurse Education Today/Nurse Education in Practice, research and innovation in nurse education: 2nd international nurse education conference, Dublin, Ireland, 9-11th June 2008*.



pre-registration health care: interprofessional learning occurs in practice – is it articulated and celebrated? *Nurse Education in Practice*, 7, 11-17.

Keywords: Students, Evaluation, Interprofessional, Problem-based learning

[027]

**Insights from the melting pot: Using Delphi to identify national priorities for student nurse support during practice placements**

K. Jones\*, R. Joeler

Keble University, UK

The effectiveness of the practice placement is inextricably linked to student nurses being fit for practice and purpose at the end of their pre-registration programme (UKCC 1999, Day 1999). Pre-registration programmes require the student to undertake fifty percent of their time in the practice placement setting and as such the need to secure effective student support during this time is critical.

A widening participation strategy in nursing has seen a marked increase in the diversity of students by age, gender, ethnicity and educational background (Scholes et al 2004). This has evoked further complexity in relation to the needs of this group of learners, such as childcare support and the recognition of financial burden (MORI 2003). Maslow's theory of human motivation and posited hierarchy of needs (Maslow 1971) would suggest that if we are to identify, integrate and meet a student's lower level needs they may be unable to address their intellectual needs.

Scholes et al (2004), in a national evaluation of post year 2000 nursing curricula, conclude that whilst the theoretical curriculum is now largely fit for purpose, there remains a deficit in relation to the provision of high quality student support during practice placements.

This session aims to share the findings from the first phase of a PhD study. This action research project aims to develop a theory-based constituent model for practice placement support that is commensurate with the contemporary needs of student nurses. The first phase of this study uses a Delphi technique to explicate and gain national consensus in relation to the needs of student nurses during practice placements. The findings emanating from this Delphi highlight the importance of recognizing, and supporting, the psychosocial needs of students during practice placements.

This session will reference this, and other findings related to the study (Jones 2006), to highlight a suboptimal strategic fit in relation to current structures that support student nurses during practice placements. Drawing on this concept the author will explore the potential for optimal future development and innovation.

Supporting clinical learning via

British Columbia Institute of

The purpose of our oral presents components of a Clinical Teacher applied to the community health of practice education model for nursing. An overview of the 4 increases workplace capacity to nurses, fosters a culture of field new graduates into the workplace learned, including successes in CTU for senior nursing students, strategies for how to get started organizations.

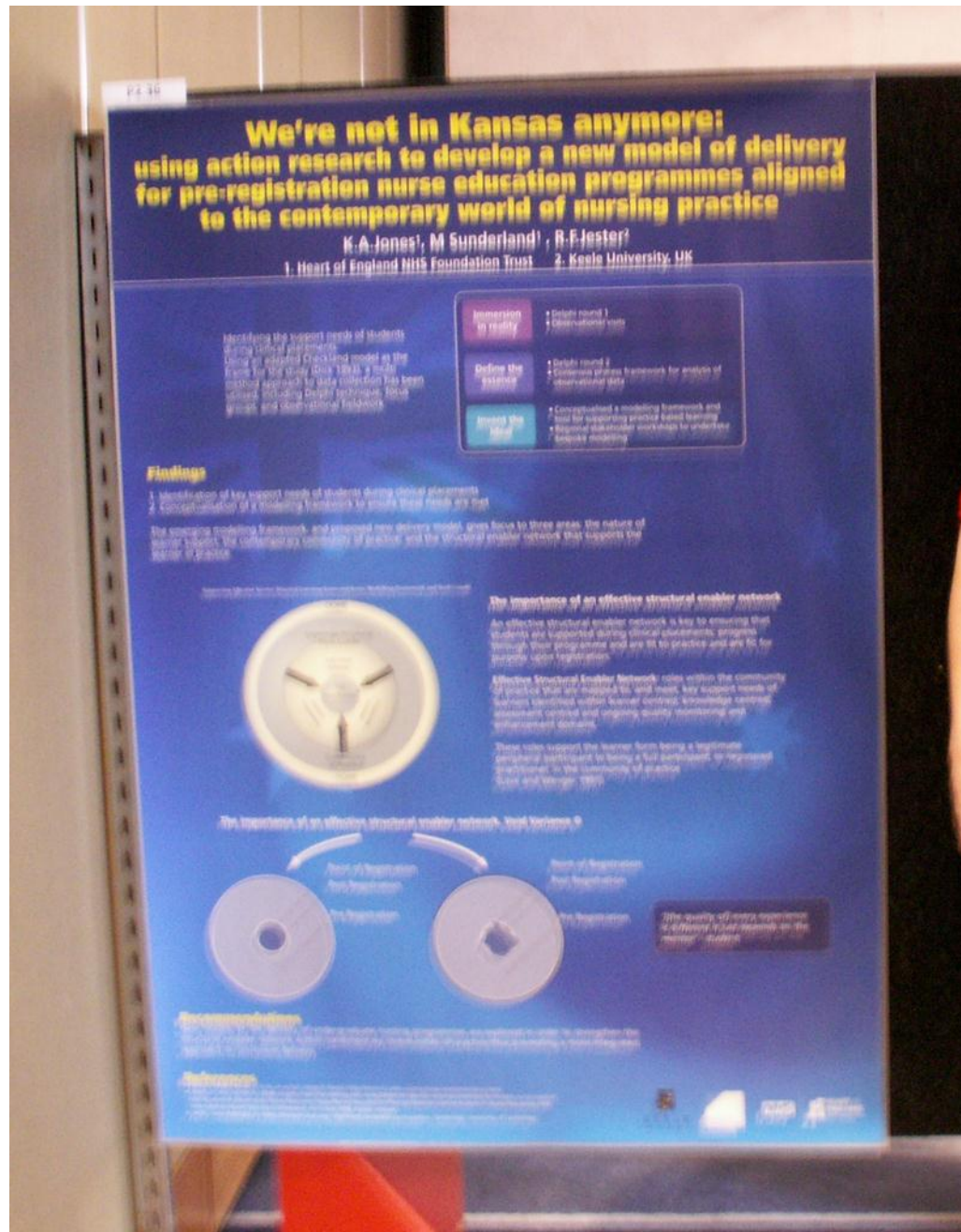
The international nursing shortage healthcare organizations to work practice education environments benefits for new and current staff been specifically designed for Columbia, the bachelor degree institutions must include complete global awareness of the value of nursing's role in the twenty-first century and focus on community resulting in the necessity for strategies that meet the needs of nursing learning organizations.

To address this challenge the for Patient Health Authority have a practice education. The CTU is public health context, offering education needs while providing

Keywords: Community, education



JONES, K., SUNDERLAND, M. and JESTER, R.F., 2010. We're not in Kansas anymore : using action research to develop a new model of delivery for nurse education programmes aligned to the contemporary world of nursing practice. *Nurse Education Today/Nurse Education in Practice 3<sup>rd</sup> international conference, Sydney, Australia, April 2010.*



## Appendix 5: NMC review outcome



Working in partnership



### SUMMARY OF FINDINGS

[redacted] provides good quality programmes in Adult, Return to Practice Nursing (RTP) and Specialist Community Public Health Nursing – Occupational Health (SCPHN OH).

There are good learning and teaching resources in both academic and practice settings. The blended learning approach is well developed and **the strategy for student engagement to enhance the student learning experience is commendable**. There are sufficient qualified and experienced academic staff to deliver the programmes. There is strong commitment to provide staff with personal and professional development opportunities. Registrant teachers record their qualifications with the NMC.

There are sufficient appropriately qualified and experienced mentors to support Adult and RTP nursing students in practice placements. Accurate mentor databases are maintained by all service provider partners and the University has the capacity to host an online mentor database that is accessible to all service provider partners. Processes are in place to ensure that all students are allocated a mentor who has been updated within the last year. Sign off mentors are being prepared. The OH programme received approval to defer the requirement to have Practice Teachers (PT) to support OH students until 2010.

Appropriate recruitment, selection and admission processes are in place and appropriate measures are taken to ensure good character and health, both prior to commencement and throughout the programme. Practitioners are engaged in the selection of all students.

There is excellent partnership working between the University, its service provider partners, other education providers and the West Midlands SHA. A range of strategies are in place to enhance communication and collaborative working. Educational audits for placements are up to date. Practitioners and service users and carers contribute to programme development and delivery. **The Practice Team approach to placement support is worthy of dissemination and emulation by other programme providers.**

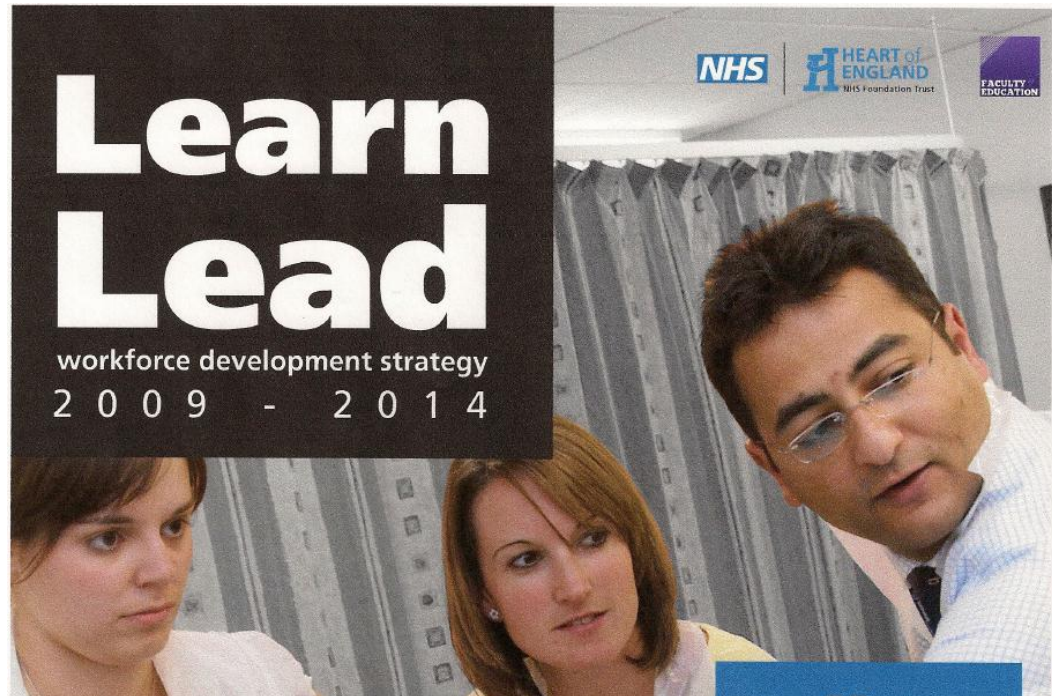
Effective teaching and learning strategies are in place to enable students to meet the required NMC outcomes, proficiencies and EU Directive. The NMC Essential Skills are addressed in theory and in practice. The NMC SCPHN OH proficiencies are mapped within the programme and are evident in assessed portfolio work.

The SHA and service managers are clearly satisfied with the level of engagement with the University and confirm that students are fit for purpose and for practice at the point of qualification.

Quality assurance systems are robust and effective in evaluating and enhancing provision. Student evaluations are reported back to service provider partners. A recent QAA Institutional Audit highlighted high levels of student satisfaction.

External examiners moderate theoretical and practical components of the programme and meet with mentors and students. Processes are in place to ensure inter-rater reliability and consistency of mentor judgements.

***Appendix 6: Taking learning forward***



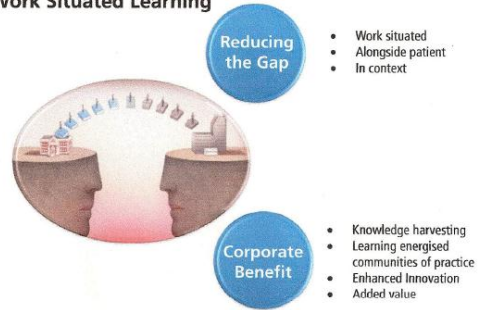


## Educational Frameworks

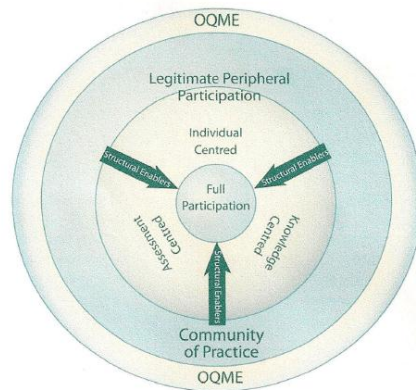
Our educational approaches will be informed by learner needs, latest evidence and best practice. Our delivery approach will be flexible, cutting edge, responsive and blended.

Whilst the organisation makes considerable investment in education both directly and indirectly it does not always see full return on this investment in terms of behaviour change and impact on quality and safety. It is recognised that there are challenges in relation translating theory into practice. The latest evidence suggests that **learning has highest impact on patient care quality when it occurs in situ**. We will therefore, wherever possible, develop and invest in education that is service situated. Our faculty educators, as well as being academically credible, will work alongside individuals and teams in actual or simulated patient environments acting as agents and catalysts for development. To reflect this we will work with our Higher Education partners to validate and accredit clinically focussed modules and programmes.

### Work Situated Learning



*Learning has highest impact on patient care quality when it occurs in situ.*



Most learning is experiential and takes place within a community of practice. We shall recognise this and work to create, and develop, vibrant communities of practice that support the full range of learners needs. We will implement a performance tool using the Jones and Jester modelling framework for supporting learning in practice and integrate this into the World Class Ward accreditation programme. We will support the development of integrated knowledge management through our network of team knowledge officers and we will work to support both the technical and cultural elements of effective knowledge management within our communities of practice.

*Supporting Effective Service Situated Learning*  
Jones and Jester Modelling Framework and tool©

## Appendix 7: Taking learning forward

THE TIMES | Tuesday October 4 2011

News

# Trust trains its own nurses to nurture better 'attitudes'

### Some degree courses 'are just too academic'

Chris Smyth Health Correspondent

A leading NHS hospitals trust is to set up its own nurse training scheme, believing that some nursing degrees are too academic, neglecting "attitudes and behaviour".

Closely watched by the rest of the health service, the Heart of England NHS Foundation Trust, based in Birmingham, is reverting to the in-house training that was standard before nursing was made a university qualification in the 1990s.

Kerry Jones, dean of the trust's Faculty of Education, said: "It's about compassion, holding a patient's hand if they need it — for people to get well you have to get the fundamentals right."

It is hoped that the first students for the "degree-level apprenticeship" will enrol next year.

Peter Carter, chief executive of the Royal College of Nursing, who has said some new nurses were "simply not up to the mark", said that Heart of England felt that in some universities the balance between theory and practice was wrong.

While all nurse training is required to have a 50-50 split between theory and practice, Dr Carter said that some universities were failing to give hands-on training in a way that prepared students for life on the wards.

Mrs Jones said: "Traditionally nurses were employed by the hospital. Then

clinical environment in the afternoon and work alongside them".

If patients like the hospital-trained nurses, Mrs Jones expects other parts of the health service to follow Heart of England's lead. "There are a lot of people who have visited to look at our approach," she said.

Lord Hunt of Kings Heath, chairman of the trust and a former health minister, said: "I hope that by going

ahead with a pilot we can show the benefit of much more involvement by the hospitals in training of nurses. Nurses clearly want degrees but they also want to be properly trained to the high quality nursing that we want." Dr Carter said the Heart of England scheme was a very real and public example of concerns about nurse training. He added: "I know others are watching that very, very closely."



An instructor with a training dummy at Birmingham Heartlands Hospital

we introduced university-based education and trainee nurses became university students. But there's more to it than academic skills. You need socialising, you need to role-model yourself on really good nurses and you really need to be working within the values of a particular organisation. The student needs a sense of belonging, to feel part of a team."

She said the Birmingham scheme was driven by the idea that it "can develop not just skills but attitudes and behaviour". It aims to instil "values that are key to professional nursing" alongside academic skills, she said.

"It's about being the patient's advocate and communicating the things that patients expect. A focus on the fundamentals, the patient at the centre of care, making sure that they have everything that they need," Mrs Jones said.

She and Dr Carter agree on the level of training. "We absolutely embrace degree-level education, because as a patient you want your nurse to have clinical reasoning skills. But we want to experiment with how we could deliver that degree in a way that has an impact on caring services," she said.

The course will be bound by national curriculum standards, but she added: "There's not flexibility about what is delivered, but there is flexibility about how it is delivered. How can we deliver that curriculum so it's more closely aligned with what happens at the bedside, so our professional educators can actually be there with the nurses?"

The hospital is not yet able to award its own degrees, and is talking to universities about a partnership, Mrs Jones said. She aims to reproduce European and American models where "there's teaching in the classroom in the morning, but they take the students into a